TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OINIE OI	CERT	IFICATE C	F DEATH	REG. N	10.			
1. DECEDENT'S NAME (First, Mid	Idle, Last)	4			2. DATE OF DEATH	Dây		TIME OF DEATH	
Estelle	Amanda Broo	ks			08	23	90	7:55 м	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birth	day) IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPL Country)	ACE (State or Foreign	
213-78-3644	1 M 2 TF	89 W	RS. MONTHS DAY	S HOURS MIN.	Sept. 29	,1900 S	Santa	Cruz. Jan	
9a. FACILITY NAME (If not institu	tion also street and number)	00	9b. CITY, TOV	N OR LOCATION OF O		9c. COUNT			
The Kent & Qu	ueen Annes Ho	ospital, In	ic. C	hestertown	1		Kent		
RESIDENCE OF DECEL 10a. STATE 10	b. COUNTY	100	c, CITY, TOWN OR LO	CATION				INSIDE CITY	
Maryland (Queen Annes	Ct	nestertov					YES ZYNO	
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	EN OF WH	AT COUNTRY?	
Rt. 1 Box 39	90			21620			USA		
11. MARITAL STATUS 1 Never Merried 2 Mail 3 Widowed 4 Divorces	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	ES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)						
15. DECEDE	ENT'S EDUCATION	16a. DECEDE	ENT'S USUAL OCCU	PATION	16b. KIND OF	BUSINESS/INDU	JSTRY		
	ghest grade completed) College (1-4 or 5	life. Do f	nd of work done durin NOT use retired.)	g most of working					
Elementary/Secondary (0-12)	College (1-4 or :		omemaker		Home	3			
17. FATHER'S NAME (First, Middle	e. Last)			18. MOTNER'S N	AME (First, Middle, Mai	den Surname)			
	Benjamin B	rooks		Esthe	r Hyman				
19a, INFORMANT'S NAME (Type		19b. MA	ALLING ADDRESS (St	reet and Number or Rura		Town, State, Zip	Code)		
			1 Box 390		town, Md.		_		
Norma Tomling				of cemetery, crematory or		LOCATION — C		n, State	
1 Burial 2 Cremation	3 Removal from State	Aches afacal		District		t.Eliza	abeth	. Jamaica	
4 Donation 5 Other (Sp 21. BIGMATURE OF UNERAL 5		_ Darrea o.		IE AND ADORESS OF I				,	
b. Us	01.11		Fel:	lows Funer	al Home			21651	
disease or condition resulting in death) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	nta G	TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED	NCE OF):	uss clo	ose's				
	d								
PART II. Other algnificant	conditions contributing	11	ulting in the unde	rlying cause given	In Part I. 24e. WA	S AN AUTOPSY REORMED?		WERE AUTOPSY FINDING AVAILABLE PRIOR TO	
1 Recen	+ MI	OCHE.			1 _ Y	ES 2 NO		COMPLETION OF CAUSE OF DEATH?	
3) Recent	+ (R) Cor	ebral H	emon	hage				1 WES 2 NO	
in alone	Knie an	amprito	ition (RIleg					
25. WAS CASE REFERRED TO		-		28. PLACE OF DEATH	(Check only one)				
EXAMINER?	HOSPITAL:	2 ER/Outpatient 3 🗆	OTHER:	Home 5 Residence	ce 6 Other (Specify	n			
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		12		ic. INJURY AT	28d. DESCRIBE H		CUREO		
1 Natural 5 P	(Monti	h, Day, Year)	INJURY M	WORK?					
2 Accident	vestigation 28a PLAC	E OF INJURY At home,			281, LOCATION (S	treet and Number	r or Rural R	oute Number,	
3 Suicide 8 C		ng, atc. (Specify)	,,,,	,	City or Town,	State)			
3 Suicide 8 C 4 Homicide de	YING PHYSICIAN: To the best								
(Check only one) 2 MEDIC	AL EXAMINER: On the basis	of exemination and/or invi	estigation, in my opi	nion, death occured at	the time, date and ple-	se, and due to th	ne cause(a	and manner as stated.	
296, SIGNATURE AND TITLE	OF CERTIFIER			29c. LICENSE	NUMBER	29d. DAT	E SIGNED	(Month, Day, Year)	
11.661	Mun	CAUSE OF DEATH (ITEM 2	à.	021	313	18	727	70	
30. NAME AND ADDRESS OF	PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 2	(Type, Print)		•	. /			
KINK	WUN, 21	6 Hach St	, Ches	tertown,	Md. 2	1620			
31. DATE FILED THE OUT PORT Y	32. REAS	TRAN'S SIGNATURE							
II DEF U O	711 41	and Dayholama To	and a DO						



ND 21263	hospital or an	tached for unit		ice.
MARYLA	be retained by the	a S should be de		a notified at or
BALTIMORE, MARYLAND 2128	ath. Page 6 may 1	neral director, pag		aminer must be
BA	A . Hours after de	filled in by the fu	ion, or removal.	the medical ex
(13146,	executed within	an and completely	to bunal, cremat	umatic event, 1
P.O. BO)	leath certificate by	attending physicis	ntal Hygiene prior	ry, or other tra
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires that the c	en signed by the	of Health and Me	hows any inju
- VITAL B	SICIAN: The law	certificate has be	the State Dept.	l. or Item 23
ISION OF	ATTENDING PHYS	CTOR; After this	after death with	28 is marked
VIQ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or again.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for unit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	2	2	8	3

	FOR 1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	RENTAL HYGIENE BEG. NO.		1001			
	1. DECEOENT'S NAME (First, Middle, Last)		0	0	,	2. DATE OF OEATH DAY		3. TIME OF OEATH			
	RUBY	MAY		BROI	22	September	23,19	190 1440 M			
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	98. FACILITY NAME (If not institution, give a		7 7 YRS.	AL CITY TOWN	OR LOCATION OF OE	6-15-19	13 M	aryland			
۳	Peninsula General				sbury, MD	N''		icomico			
6	RESIDENCE OF DECEDENT			10c. CITY, TOWN OR LOCATION 10d. INSID							
DIRECTOR	MD Wic	y omico	10c. CITY,								
L D	10e. STREET AND NUMBER	311111111111111111111111111111111111111		Fruitland 1 K							
FUNERAL		tland Blvd.			21826	,	11.	S.A.			
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES				IC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.			
BY F	1 Never Merried 2 Merried 3 Widowed 4 N Olvorced	IF YES, GIVE WAR OR D			S 2 X NO Specify.			Specify: White			
	15, DECEDENT'S EDU	CATION	16a. DECEDENT'S L	ISUAL OCCUPAT	ION	16b. KINO OF BUS	NESS/INDUS	FRY			
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wi	ork done during m	ost of working						
린	8		Home	maker		0 W 1	n Hom	е			
00	17. FATHER'S NAME (First, Middle, Last)	7	•		18. MOTHER'S NAP	AE (First, Middle, Maiden					
BE	Norman 19a, INFORMANT'S NAME (Type/Print)	Pr	uitt	100000000000000000000000000000000000000	Anna	loute Number, City or Town	Wa	- ~			
2	James L. Bro	wn						y, MD 21801			
	20a, METHOD OF DISPOSITION	200	b. PLACE OF DISPOSI	TION (Name of co	emetery cremetory of			or Town, State			
	1 X Buriel 2 Commetton 3 Rem 4 Donation 5 Other (Specify)		Goodwi				rces	ter County, MI			
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE			AND ADORESS OF FAC	ral Home					
	Duald (Joune	Y	705	E. Main	St. Sali	sbur	y, MD 21801			
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause List only one cause on e		ot anter the m	ode of dying, such	n aa cardiac or reepi	ratory arrea	Approximate interval Batween			
	IMMEDIATE CAUSE (Final	()						Onset and Death			
	disease or condition reaulting in death)	a. Car	day	01	real	r					
_		DOE TO (OH AS	all Si	<u>):</u>							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	c									
TIF	that initieted evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				1			
CEF											
		d									
M	PART II. Other aignificant condition	ns contributing to deeth i	but not reaulting is	n the underlyi	ng ceuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COURT FORM OF CAMPE			
EDICAL	PART II. Other aignificant condition	ns contributing to deeth	but not resulting is	n the underlyi	ng ceuse given in		MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
MEDI	PART II. Other aignificant condition	ns contributing to deeth	but not resulting i	n the underlyl	ng ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDI	25. WAS CASE REFERRED TO MEDICAL		but not resulting li	26.	ng ceuse given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
MEDI		ns contributing to deeth in the contributing to deeth in the contributing to deeth in the contribution of		26. OTHER:		PERFOR 1 TYES 2 eck only one)	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	tpetlent 3 DOA	26. I	PLACE OF DEATH (Ch	PERFOR 1 TYES 2 eck only one)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO			
MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 28s. DATE OF INJUSY (Month, Day, Year)	Ipetient 3 DOA 26b. TiMi	26. OTHER: 4 \(\text{Nursing Ho} \) E OF URY M 1	PLACE OF DEATH (Ch	PERFOR 1 YES 2 sck only one) 8 Other (Specify) 2ed. OESCRIBE HOW II	MED? (X) NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
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ETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only	HOSPITAL: 1 Inperient 2 SER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJUR building, atc. (Spr	26b, TiMi NJI Y — At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. UNY M 1 Irrest, factory, off	PLACE OF DEATH (Chimie 5 Residence TURRY AT FORK? YES 2 NO Ice te and place, and due	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 26d. OESCRIBE HOW I City or Town, State) 10 the cause(s) and mer	MED? NO NJURY OCCUI	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,			
E COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29s. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 DER/Out 28s. DATE OF INJURY (Month, Dey, Year) 28s. PLACE OF INJURY building, atc. (Spo	26b, TiMi NJI Y — At home, farm, s	OTHER: 4 Nursing Ho E OF 28c. UNY M 1 Irrest, factory, off	PLACE OF DEATH (Chimie 5 Residence TURRY AT FORK? YES 2 NO Ice te and place, and due	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 26d. OESCRIBE HOW I City or Town, State) to the cause(s) and martime, data and place, an	MED? NO NJURY OCCUM No Number or Inner as stated d dus to the o	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,			
BE COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF BERTIFIER	HOSPITAL: 1 Inpatient 2 DER/Out 28s. DATE FINJURY (Month, Day, Year) 28s. PLACE OF INJUR building, atc. (Special Control of the position of axeminate ER: On the basis of axeminate	y — At home, farm, socity) wiedge, death occurre	26. IV Nursing He E OF LIRY M 200. If I I I I I I I I I I I I I I I I I I	PLACE OF DEATH (Chome 5 Residence JURY AT VORK? YES 2 NO lice te and place, and due death occured at the	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 26d. OESCRIBE HOW I City or Town, State) to the cause(s) and martime, data and place, an	MED? NO NJURY OCCUM No Number or Inner as stated d dus to the o	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO RED Rural Route Number, seuse(s) and manner as stated.			
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BE COMPLETED BY PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29c. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF BERTIFIER	HOSPITAL: 1 Inpatient 2 ER/Out 28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Spo	Petient 3 DOA 26b, TiMJ Y— At home, farm, a socity) Wiedge, death occurre on and/or investigation	26. IV Nursing He E OF LIRY M 200. If I I I I I I I I I I I I I I I I I I	PLACE OF DEATH (Ch. The 5 Residence TORK? YES 2 NO Ics Its and place, and due death occured at the 29c. LICENSE NUE 2	PERFOR 1 YES 2 ack only one) 8 Other (Specify) 26d. OESCRIBE HOW I City or Town, State) to the cause(s) and martime, data and place, an	MED? NO NJURY OCCUM No Number or Inner as stated d dus to the o	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO RED Rural Route Number, seuse(s) and manner as stated.			

BALTIMORE, MARYLAND 21203-3146	wours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transt n, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the flows after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Mic	ddle, Last)								2. DATE OF C	DEATH		PE40	3. TIME OF DEATH
	ROBE	RT	GRAY		BAGB	Y				Sept.			990	А. м
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in yrs. le	-	IF UNDER				7. DATE OF B	WATH	11.1	8. BIRTH	IPLACE (State or Foreign
	460-64-132	7	1 🖵 M 2 🗆 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		920		vland
	Sa. FACILITY NAME (If not institu		eet and number)	00		9b. CITY	r, TOWN	N OR LOCATION	ON OF DE				NTY OF D	
1	70 A-7: - D					Α.		0007				A	- 1	
1000	18 Arlie D	PENT				25	AUT	apoli	S			AIII	1e 1	rundel
9	10e. STATE 10	b. COUNTY			10c. CIT	Y, TOWN	OR LOC	CATION						10d. INSIDE CITY LIMITS?
5	Maryland	Ann	e Arund	lel	1	Annapolis						1 YES 2 NO		
1	10e. STREET AND NUMBER	1						101. ZIP CODI	E 10g. CITIZEN OF WHA					WHAT COUNTRY?
ייייייייייייייייייייייייייייייייייייייי	18 Arlie	Driv	۵					2	401				II.S	. A .
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS D	ECENDENT C	F HISPAI	NIC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indien, k. White, etc.
	1 Never Married 2 Me			YES 2 MAR OR DATES	INO		1 Y	ES 2 NO	n, Mexica Specifi	n, Puerto Ricar y:	1, etc.)		Spec	Hy:
	3 Widowed 4 Divorced	d	1943 -	- 1973									Wh	ite
3	15. DECEDE (Specify only hig	ENT'S EDUC			Give kind of	work done	during :	TION most of working	ng	16b. KIN	O OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)		College (1-4 or 8	+) "	No. Do NOT u	se retired.)								
COMPLET			5 ±		Mil:	itar	v				efe			
3	17. FATHER'S NAME (First, Middle							16. MOT	HER'S NA	ME (First, Middl	le, Maiden :	Sumame)		
1	Lew Walla		agby	· · · · · ·						Gray	· · · · · · · · · · · · · · · · · · ·			
5	19e. INFORMANT'S NAME (Type			1	19b. MAILING	ADDRES	S (Stree	et and Number	or Rural	Route Number, C	City or Town	n, State, Zij	Code)	
•	Marrilyn									nnapo				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation	3 🗆 Remo	vel from State	20b. PLAC other	E OF DISPO	SITION (N	lame of	cemetery, crer	natory or		20c. LO	CATION —	City or To	own, State
	4 Degetton 8 Other (Sp	pecify)	, ,	7 Met	Popo	lita	n	Grema	ator	cy	Al	exa	ndri	a, VA
	21 SIGNATURE OF FUNERAL S	ENVICE LIC	oger .	///	/	22	NAME	AND ADDRE	SS OF FA	eral (han	el		21401
	* Munlas	/ X	1.1 Zu	Ya			47	Glo	aces	ster S	t.	Anna	Roga	is,MD
T	23. PART I. Enter the dise	ases, or c	omplication the	t coused the	death. Do									Approximate
	ahock, or hear	rt fallure. I	List only of co	use on sech li	ne.									Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition		CAR	CINOMA	01	ET	HE	PAN	CRE	FAS				7 MONTHS
	resulting in death)			OR AS A CONS				17.114	-1(0	,,,				1 10/0/11/3
CERTIFICATION	Sequentially list condition if any, leading to immedia		DUE TO	OR AS A CONS	EOUENCE C	DF):								
5	cause. Enter UNDERLYING	3												
	CAUSE (Disease or Injury that initiated events	1	DUE TO	OR AS A CONS	EOUENCE C	OF):								
-	resulting in death) LAST		i											
	PART II. Other algoliticant	o andition	a a antidhutina tu	a doubt hut no	1	le the o	and and a	dan assure	alusa la	Deat L	a. WAS AN	ALITOROV	1 00	WERE AUTOPSY FINDINGS
(PART II. Other aignincent	condition	a contributing to	oeath but no	r remnitting	in tha u	indeny	ying cause	given in	Part I. 24	PERFOR		24	AMAILABLE PRIOR TO COMPLETION OF CAUSE
בחוכשו	-									11	YES 2	NO		OF DEATH?
= =														1 TES 2 NO
:														
5	25. WAS CASE REFERRED TO MEXAMINER?	MEDICAL	HOSPITAL:	130-0-0-		ОТНЕ	R:			heck only one)				
PHISICIAN:	1 TYES 2 NO		1 Inpatient 2			4 🗆 No	ireing H		eeldence	8 Other (S		ha 88/ma	NO.	
<u></u>	27. MANNER OF DEATH 1 Natural 8 Per	ndina	28e, DATE O (Month,	FINJURY Day, Year)	28b. Til	ME OF		WORK?	7 110	28d. DEŞCRI	IBE HOW I	NJURY O	CUMED	
0	2 Accident Inv	restigation	80 - B1 107	OF IMPERIOR	ham: f	ede = 1 1			NO	201 10017	DN /Du	and 44	w 00 P	Bouts Mumber
		uld not be termined	building	OF INJURY — At I, etc. (Specify)	nome, tarm,	, street, fâ	ctory, 0	H H C G		City or F	own, State)	eria Numbi	w or Hunki	Route Number,
COMPLEIED	no comments . de													
7	one)		CIAN: To the best o											
5	2 MEDICA	L EXAMINE	R: On the basis of	axamination and/	or investigat	ion, in my	opinio	n, death occu	ared at the	e time, date en	d place, en	d due to	the ceuse	(e) end manner as stated.
	296. SIGNATURE AND TITLE OF	FCERTIFIE			2			· 'W	ENSE NU	112		29d. DA	TE SIGNE	D (Month, Day, Year)
ם מ	74sbert -	Scott	Coden	, m2	7			D	307	101			9/2	26/90
2	30. NAME AND ADDRESS OF P	ERSON WH	O COMPLETED CA	USE OF DEATH (I	TEM 27) (Typ	oe, Print)					-		1	1
	KOBERT S	CONT	EDEN	M Dog.	600 K	IDGE	LY	AVE	AN	NAPOLI	5,Mi) 2	-140	1
	31 CONTECTIONS MOUNT COM	er) Grehe	LAZAKI GAGISTA	S SIGNATURE				*	,		1			
	SEL VI 1990	0												

9c. COUNTY OF DEATH

20c. LOCATION — City or Town, State

Bak Hall, VA 23416

109. CITIZEN OF WHAT COUNTRY?

3. TIME OF DEATH

2:00

10d. INSIDE CITY
LIMITS?
YES 2 NO

a. BIRTHPLACE (State or Foreign Country) Virginia

14. RACE — American Indian, Black, White, etc. Specify: White

1. DECEDENT'S NAME (First, Middle, Last)

Arthur P. BELOTE

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

1 X M 2 - F

YRS.

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

D33905

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. lest birthday)

62

September 26,1990

2. DATE OF DEATH MONTH

7. DATE OF BIRTH AUG. 1, Year 1928

-	(400)	TOR	Deer!		1 Center		Sal	isbury		Wice	mice	
٦		DIRECTOR	100. STATE Virginia		ccomack Cou	nty Og	TOWN ORL	OCATION 1			10d. I	
	nsit perm	FUNERAL	10e. STREET AND NUMBER	1				101. ZIP CODE 23416		10g. CITIZE	N OF WHAT C	
	3146 ling physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 1 Never Married 2 Never M		FORCES? TE YE	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:					Black, White Specify: Wh	
	D 21203-3146 ospital or attending physched for use as the burine.	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORI 15. DECEDENT SEDUCATION 15. DECEDENT'S EDUCATION 15. DECEDENT'S EDUCATION 16. Deviced 16. Deviced 17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. DECEDENT'S DECEDENT'S EDUCATION 18. DECEDENT'S USUAL OCCUPATION 18. DO NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)						Buil	Building homes etc			
	3 8 E							A brah	, Maiden Surname) INS			
	MAR e retainec e 5 shoul	Prances B. Belote							oute Number, Cl	VA 70wn 23416	ode)	
	MORE, age 6 may the director, page er must be		20a, METHOD OF DISPOSI 1 Denial 2 Cremati 4 Donation 5 Othe	lon 3 🗌 Remo	oval from Stata	ob. PLACE OF DISPOS other place) Downin		of cemetery, cremetory or		20c. LOCATION — City or Town, S Bak Hall, VA		
	death. Pag t funeral dir d.		21. SIGNATURE OF FUNERA	AL SERVICE LIC	ENSEE JOVAN	W. Fet	FOX	Funeral H S. Rt. 13,	ome	zancevill	e, VA	
(3146, secuted within 24-fours at no completely filled in by burial, cremation, or remaile event, the medici	NO	23. PART I. Enter the cashock, or I immediate CAUSE (Fideese or condition resulting in death) Sequentially list condition	heert fellure. I	Squament Due TO (OR A)	cell cs	reine	mode of dying, euch	a a csrdiec (or reepiratory arrea	t,	
	O. BOX ocertificate be nding physician Hygiene prior t	CERTIFICATION	if eny, laeding to immo cause. Entar UNDERLY CAUSE (Disease or light that initiated events resulting in death) LA	g to immediate UNDERLYING ase or injury events Due TO (OR AS A CONSEQUENCE OF):								
	RECORDS requires that the been signed by the it, of Health and M shows any Inju	PART II. Other significent conditions contributing to death but not resulting in the undarlying causa given in Pert I. Addisions disease 1 YES 2						WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AMAIL/ COMP DF DE			
	The lay te has are Dep om 23	PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	2 7 704	OTHER:	28. PLACE OF DEATH (Chi		-4.		
	OF V PHYSICIAN this certifi with the	BY PHYS	27. MANNER OF DEATH 1 Natural 5	Pending Investigation	28a. DATE OF INJUR (Month, Day, Yea	Y 28b, TIM	E OF 28 URY	Homa 5 Realdence c. INJURY AT WORK? YES 2 NO		ecify) BE HOW INJURY OCCU	RED	
	ENDING FOR After death	ED B	2 Accident 3 Suicida 8	Could not be	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, a	street, factory,	offica	281. LOCATION City or Tox	N (Street and Number or wn, State)	Rural Route N	

mb. Deaceum

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

emperanceville, VA 23442 cardiec or reepiratory arrest, interval Between Onset and Death 13 menths 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 - YES 2 NO 1 YES 2 NO Other (Specify) DEȘCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and menner as attend. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurse at the time, data and place, and due to the cause(s) and manner as stated. Virginia SLACUM, M.D. Deer's Head Center, P.O.Bex 2018 Salisbury, Md. 21802
31. Date Filed (Month, Day, New)
32. REGISTRANS STATES Andell

TO THE HOSPITAL OR ATTEN
TO THE FUNERAL DIRECTOR
be filed within 72 hours after
IMPORTANT: If Item 28

COMPLET

BE

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6

29a. CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER Q

31. DATE FILED (Month, Day, Year)
SEP 2 8 '90

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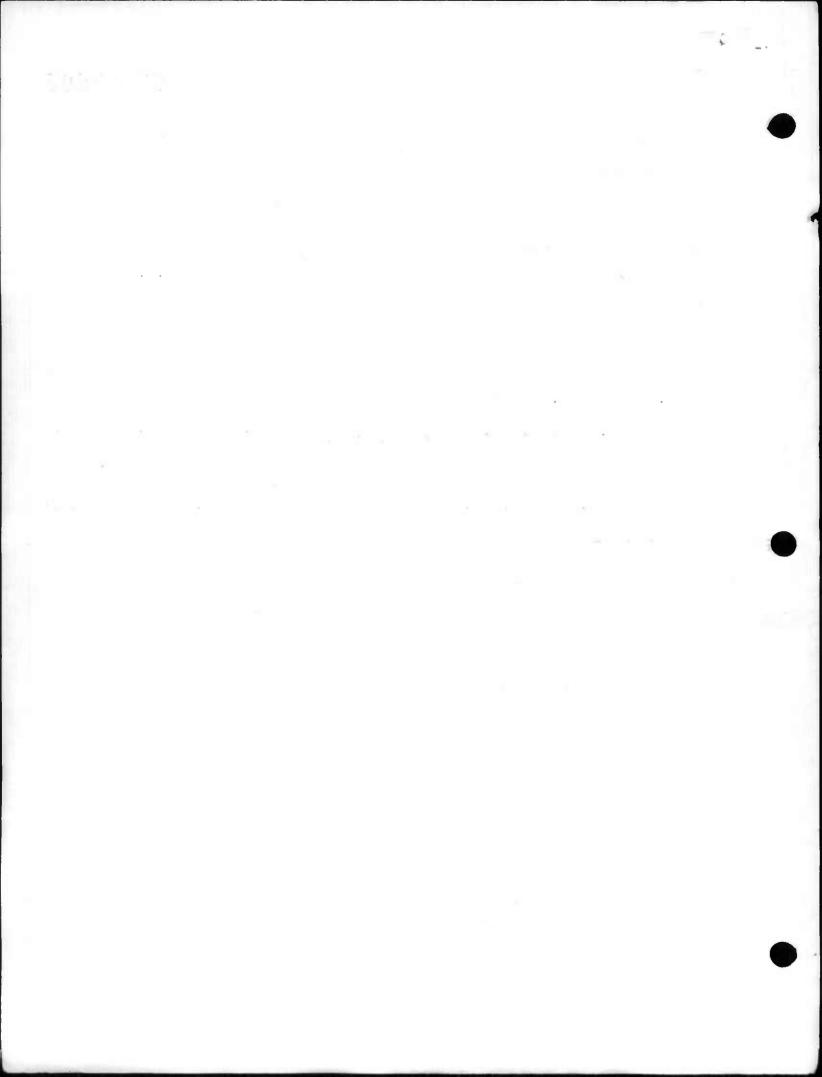
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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trabe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, committen, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed with and complete to burial, cre	
BOX	tificate be g physician iene prior t	
P.O.	death cer e attendin lental Hyg urv. or o	
SOHO	that the ned by the the and M	-
RECO	v requires been sign rt. of Heal	-
ITAL	N: The lan icate has State Deg	-
OF V	PHYSICIA this certif with the	undina.
NOIS	ENDING DR: After ter death	100
DIVIS	DIRECTE HOURS of	TION.
	HOSPITA FUNERAL WITHIN 72	1
	THE OTHE De filed	5

	1 - STATE REGISTRAR	OIMIL OI WIN	CE	RTIF	ICATE C	F DEA	TH	B	EG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	AY	YEAR	3. TIME OF	DEATH	
	Caroline Foutz	Benson						SEPT			990	070	7	м
			AGE (In yrs. lest	birthday)	IF UNDER 1 YE	R IF UNDE	R 24 HRS.	7. DATE OF E	BIRTH		6. BIRTI	IPLACE (State		n
	010 00 000 4	1 🗆 M 2 💢 F		YRS.	MONTHS DA	's HOURS	MIN.	(Month, Da		0.0	Count			
	218-32-2734 9a. FACILITY NAME (If not institution, give stre		88		01 OUTY 201	#1 0D 1 0C4T	ION OF D		-19		JNTY OF D	-		
~														
Ö	Carroll County	Genera	1 Hosp	ita	1	West	nins	ter			arr	011		
ត្ត	10a. STATE 10b. COUNTY				Y, TOWN OR LO		_					10d. INSIDE	CITY	
DIRECTOR	Carried Control			100.011								LIMITS	?	
		roll				Westr		ter				1 YES		
₹	10e. STREET AND NUMBER			101. ZIP CODE 10g. CITIZEN OF							WHAT COUNT	HY?		
Ü	205 St. Mark W	ay				211	157			U.	S.			
FUNERAL		12. WAS DECEDENT I									E — American			
	1 Never Married 2 Married	IF YES, GIVE WAF		1 YES 2 NO Specify: Specify							//y;			
BY	3 ₩ Widowed 4 Divorced											White	3	
	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DEC	EDENT'S	USUAL OCCUI	ATION	ina	16b. KIN	ID OF BU	SINESS/IN				
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT u	work done during se retired.)	mode of work	9							
립		4	Нс	Housewife n/a										
COMPLETED	17, FATHER'S NAME (First, Middle, Last)					18. MOT	THER'S NA	AME (First, Midd	le, Maiden	Sumame)				
	Dr. Charles R.	Foutz				Ca	anni	e Bro	wm					
BE	19e. INFORMANT'S NAME (Type/Print)	10002	19b	MAILING	ADDRESS (Str			Route Number, (vn. State. Z	In Code)			
2	- 500 800 80 - 100 100 100 100 100 100 100 100 100	on In										MD 21	403	2
	George R. Bens					8	Drive, Annapolis, MD 20c. LOCATION — City or Town, Ste						- 100	_
	200 METHOD OF DISPOSITION 124 Burial 2 Cremation 3 Remove	val from Stata	other pla	E OF DISPOS										
	4 Donation 5 Other (Specify)		Meac	low	Branc	n Cer	nete	ry	We	stm:	nst	er, 1	4D	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE						eral	Hom	0 %	Cha	nel		
	Robert K. Pr	itta c	20		11	2 140	ah ir	gton	Da	Was	+	por	n 1	AT)
LION	Sequentially list conditions, if any, leading to immediate	,	R AS A CONSEC	TE,	NOSIS							Onse	et and C	Pesth
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that infiltated events resulting in death) LAST	BHEV DUE TO (C	MATIC PRAS A CONSEQ	UENCE C	HEART PF):	Pi:	sea.	s E						
Ţ	PART II. Other significant conditions	contributing to d	eeth but not re	eaulting	In the under	lying ceuse	given ir	Part I. 24		N AUTOPS	7 24	MAILABLE		
EDICAL	CEREBROVAS	CULAR	INSUF	FIC	IENCY			_ 1	YES	-		OF DEATH?	N OF CAL	JSE
Σ								—				1 TYES	∠ ∐ NO	
Z	25. WAS CASE REFERRED TO MEDICAL					A BU ACT C=	DEATH							
C	EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only one)						
YS	1 YES 2 P NO	1 D Inpatient 2 🗆			_		Residence	6 Other (S						
Y PHYSICIAN: ME	27. MANNER OF DEATH 1 Natural S Pending Investigation	28a. DATE OF II (Month, Day		28b. Till IN	JURY	WORK?	□ NO	28d. DESCR	IBE HOW	INJURY O	CCUREO			
ED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28a. PLACE OF building, e	INJURY — At ho ic. (Specify)	me, farm,	street, factory,	office	_	281. LOCATIO	ON (Street fown, State	and Numb	er or Rural	Route Numbe	ς.	
Ē	29a, CERTIFIER												-	
COMPLETED	(Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	CIAN: To the best of m										(a) and manne	er as stat	led.
EC	296. SIGNATURE AND TITLE OF CERTIFIER					29c. Li	CENSE NU	JMBER				D (Month, Day	, Year)	
0	John 5 110	rolung	ma C			Do	49	34				1/90		
2			OF DEATH (ITE	W 27) (Tyro	e, Print)									_
	JOHN S. H.	COMPLEXED CAUSE 4 4 5 H E Y 32. REGISTRAR Fulia Dain	M.D.	= 17 (19)	8 ans	· ~ /	ST.	West	min	atter	m	d, 21	15	>
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S' SIGNATURE											
	SEP 28'90	1000												



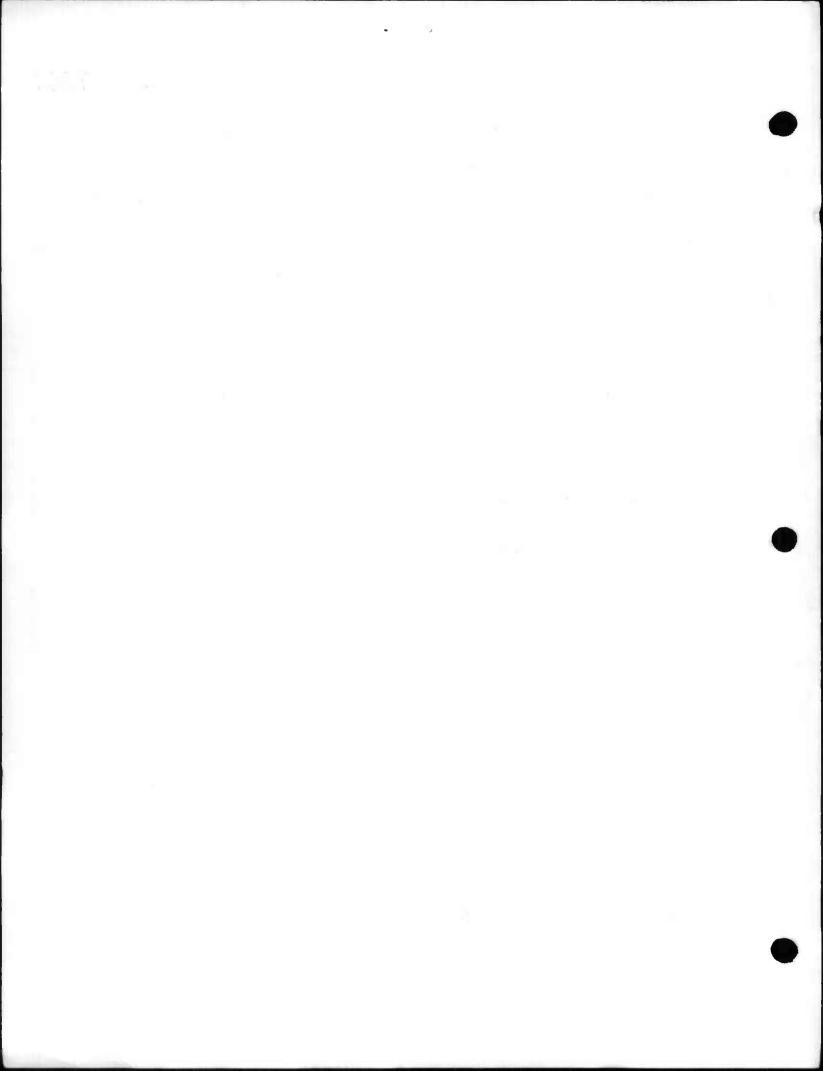
1203-3146	attending physician,	se as the bunar-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	n 24 nours after death. Page 6 may be retained	ity lined in by the further director, page 5 should define abon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained to the hospital on the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the arteholong prysician and comperery lineu in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.	MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffed at once.

1. DECEOENT'S NAME (First				15.				2. DATE	OF DEATH	v	YEAR	3. TIME OF DE	ATH
Amy F. (Colbe	rt						3	19		90	3:33	ам
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER 1 Y	EAR IF UN	ER 24 HRS.		OF BIRTH h, Day, Year)		8. BIRTH Countr	PLACE (State or	Foreign
579-30-81		1 🗌 M 2 🍱 F		62 YRS.					-2-192			Irginia	
9a. FACILITY NAME (If not in				. 1		own or Loc nton	TION OF D	EATH		Dri	DCA	Georg	e"s
Southern		Tand Ho	spite	d I	CIL	11 CO11				111	1100	GCOLG	
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR	LOCATION						10d. INSIDE CIT	ГҮ
Md.	P	.G.			Cl	inton						LIMITS?	NO
10e. STREET AND NUMBER						101. ZIP C	DDE			10g. CITI	ZEN OF V	VHAT COUNTRY?	
6310	Spring	brook La	2.			2	0735	0735 U.S.A.					
11. MARITAL STATUS		12. WAS DECEOEN FORCES? 1							17 (Specify Yes	or No-	14. RACE	- American Inc.	dien,
1 Never Married 2 3 Widowed 4 Div		IF YES, GIVE V			1 TYES 2 1/7 NO Specify: Specify:								
	EDENT'S EDU	I CATION	1.00	a. DECEDENT'S					. KINO OF BUS			White	
(Specify on	ly highest grade	completed)		(Give kind of a life. Do NOT us	work done dun		rking	100	, KINO OF BUS	SINESS/INC	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5		Home	emaker	•			Hom	0			
17. FATHER'S NAME (First, A	fiddle, Last)			HOIR	cilianci		OTHER'S NA	AME (First.	Middle, Maiden				
Robert	T. B	mice				100000		lie	M.	Beth	ers		
19a. INFORMANT'S NAME (1 400		19b. MAILING	ADDRESS (S	Street and Num			ber, City or Town				
Peggy Le	e Geg	ar		6310	Sprin	abroo	k La.	Cli	nton,	Md. 2	2073	5	
20s. METHOD OF DISPOSIT	TION		20b. Pt	LACE OF DISPOS						CATION —			
12 Buriel 2 ☐ Cremati 4 ☐ Donation 5 ☐ 7the		novel from State		Washin	gton N	Nat'l	Cemet	ery	Su	itlar	nd,	Md.	
21. SIGNATURE OF THER	L SERVICE LI	CPHYSEE #	670 p		22. NA	ME AND ADD	RESS OF FA	ACILITY	W.W.CH	AMBEI	RS (Co. Inc	
Chome	20,5	/hom	· lie		580	of Cla	relev	d Asr	o Div	a force	10 1	Md. 207	27
23. PART Ente: De d	-	complications the	t causeu th	ne death. Do r				The same of the sa			_	Approxi	
disease or condition resulting in death) Sequentially liet conditions, leading to immediate to make the conditions of t		a. CARDER	ce at		clero		coro	nary	hear	t di	sea		ites nths
cause. Enter UNDERLY CAUSE (Disease or inj that initisted events resulting in death) LAS	ING ury	- Hyper										Yea	
												Yea:	
-Chronic							e given in	Part i.	24a, WAS AN PERFOF 1 TYES 2	RMEDI	24b	AWAILABLE PRIC COMPLETION O OF DEATH?	F CAUSE
25. WAS CASE REFERRED	TO MEDICAL					26. PLACE O	F DEATH (C	heck only o	ne)				
EXAMINER?		HOSPITAL:	ER/Outpatie	ent 3 DOA	OTHER:	g Homa 5							
27. MANNER OF GEATH		28a. DATE OF	F INJURY Day, Year)	28b. TIN		Bc. INJURY AT			SCRIBE HOW I	NJURY OC	CURED		
1 Natural 5 _ 2 Accident	Pending Investigation	(Invalid),	zuy, 1001/		M	1 YES	NO 🗌						
3 Suicide 6	Could not be	26a. PLACE (OF INJURY	At home, farm,	street, factor	y, office			CATION (Street :		r or Rural i	Route Number,	
4 Homicide	determined												
one)		BICIAN: To the best of										s) and manner a	s stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER				29c.	ICENSE NU	JMBER		29d. DAT	E SIGNED	(Month, Day, Ye	nr)
30. NAME AND AGORESS (-	HO COMPLETEO CAL	ISE OF DEATH	H (ITEM 27) (Type	a, Print)	بم	1288	4		Se	pt.	19 19	9.0
PETER W.Y	IM M.	D. 7900	OLD	BRANC	CH AV	E. St	JITE	101	,CLIN	TON	MAR	YLAND	207
31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGNATI	URE					1				
SFP	21 '90) Ju	his Davi	dson-Ran	doll								
		- 17											

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	9	ath
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation

	1. DECEDENT'S NAME (First	Middle, Last)							2. DATE OF	F DEATH DA	ıv	YEAR	3. TIME OF DEATH
			MARGARI	ET ANGE	LA CON	LEY			SEP	5:09 P M			
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YE		UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	577-24-736	2	1 M 2 T F	68	YRS.	MONTHS DA	YS HO	URS MIN.		31 19	22		DIANA
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	WN OR LO	OCATION OF DI	EATH		9c. COU	NTY OF O	EATH
DIRECTOR	NATIONAL 1		MEDICAL (CENTER			ВЕТН	ESDA			MO	ONTG	OMERY
EC.	10a. STATE	10b. COUNTY	1	-	10c. CITY	TOWN OR L	CATION	_					10d, INSIDE CITY
	MARYLAND	MO	NTGOMERY			SILVE	R SP	RING					1 TES 2 XNO
FUNERAL	10e. STREET AND NUMBER						10f. ZIP	CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
띨	2924 WI	EISMAN	ROAD					20902			UN	LTED	STATES
2	11. MARITAL STATUS 1 Never Married 2	Za	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.				ENT OF HISPAI Cuben, Mexico			or No-	14. RACI Black	E — American Indian, k, Whita, stc.
BY	3 Widowed 4 Divo	-	IF YES, GIVE V	MAR OR DATES		1 🗆	YES 2X	NO Specif	y :			Spec	"y: WHITE
	15. DEC	EDENT'S EDU	CATION	16a.	DECEDENT'S	JSUAL OCCU	PATION		16b, K	(IND OF BUS	SINESS/INC	USTRY	***************************************
E	(Specify onl	y highest grade	completed) College (1-4 or 5		(Give kind of w life. Do NOT use	ork done durin retired.)	g most of	working					
COMPLETED		,	2		SEC	RETAR	Y		_				
S	17. FATHER'S NAME (First, M	liddle, Last)					16.	MOTHER'S NA	ME (First, Mic	ddle, Maiden	Surname)		
BE C	1	FRANK 1	MCCARTHY					STE	LLA J	ANE H	EFFEI	RNAN	
0	19a. INFORMANT'S NAME (ype/Print)			19b. MAILING	AODRESS (St	eet and N	lumber or Rural	Route Number	r, City or Tow	n, State, Zip	Code)	
F	GEORGE CONI	LEY			2924	WEIS	MAN	ROAD,	SILVE	R SPR	ING,	MD .	20902
	20a. METHOD OF DISPOSIT 1 X Burlal 2 ☐ Crematic	n 3 🗆 Ram	oval from Stata	other	CE OF DISPOS r place)		- 11115				CATION -		
	4 Donation 5 Other		-	MT.	OLIVE					WAS	HING'	ron,	D.C.
	21. SIGNATURE OF PURELL	A SERVICE LIC	2					J. COL		FINER	ΔТ. Н	OME	TNC
	Mm	1/1/2	2_										MD. 20901
	23. PART Enter the d		complications the			ot enter the	mode	of dying, euc	ch ee cardie	ec or reep	iretory ar	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (FI												Onsat and Death
	disease or condition resulting in death)	\rightarrow	. PNEUM										
			DUE TO	(OR AS A CON	SEOUENCE OF):							
ON	Sequentially list condit		b. OUE TO	(OR AS A CON	SEQUENCE OF):							
AT	if eny, leeding to imme cause. Enter UNDERLY	ING				,.							
CERTIFICATION	CAUSE (Diseasa or Inju that initiated events		DUE TO	(OR AS A CON	SEQUENCE OF):							
EH	resulting in death) LAS	T	d										
	PART II. Other significa	int condition	ns contributing to	dasth but no	ot resulting i	n the under	lying ca	use given in	Part I.	24s. WAS AN	AUTOPSY	240	, WERE AUTOPSY FINDINGS
MEDICAL			_							PERFOI	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									_	I KU TES A	ı 🗆 NO		OF DEATH? 1 YES 2 NO
_									_			-	1 1 123 2X 100
AN	25. WAS CASE REFERRED 1	O MEDICAL					6. PLACE	OF DEATH (C	heck only one))			
SIC	EXAMINER?		HOSPITAL:	ER/Outpation	3 DOA	OTHER:	Home 5	☐ Rasidanca	6 Other	(Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE OF	F INJURY	26b. TIM	OF 28 URY	:. INJURY	AT	26d. DESC	RIBE HOW	INJURY OC	CURED	
ВУР	1 Netural 5 2 Accident	Pending Investigation	(Month), a	yay, roury	1113			2 NO					
	3 Suicide 6	Could not be	28e. PLACE 0 building	OF INJURY — Al	home, farm, s	treel, factory,	offica		261. LOCAT	TION (Street Town, State)	and Numbe	or Rurel	Route Number,
E	4 Homicide	detarmined											
PLE	COLLOCK OLLIN	TIFYING PHYS	ICIAN: To the best o	f my knowledga	, daath occurre	d at the time	data and	place, and du	a to the caus	e(s) and ma	nner äs ste	ted.	
COMPLETED	dans!	ICAL EXAMINE	R: On the basis of	xamination and	or investigation	n, In my opin	on, death	occured at the	time, data a	ind place, ar	nd due to t	he cause(s) and manner as atated.
	29b. SIGNATURE AND TITLE						29	c. LICENSE NU	MBER		29d. DAT	E SIGNED) (Month, Day, Year)
-	assi didiki dile Allo III Li	OF CERTIFIE	R										(Moran, Day, roar)
O BE	Sten U-	OF CERTIFIE	Qn	0				D-374	68				18-90
TO B6	S L U-	F PERSON W	IO COMPLETEO CAL	SE OF DEATH (ITEM 27) (Type,	Print) N.	ATIO	D-374 NAL NA		EDICA	> <	39-	
	S. V. LEV	F PERSON WE	IO COMPLETEO CAL	USN					VAL M		L CEN	39-	
	30. NAME AND ADDRESS O S. V. LEV 31. DATE FILED (Month, Day,	F PERSON WE	LT, MC	SE OF DEATH (E	В		NAL NA	VAL M		L CEN	39-	



BALTIMORE, MARYI

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFIC	ATE C	F DEATH	REG. NO).			
	1. DECEDENT'S, NAME (First, Migdle, Lest)	WILLIAM/T	САМРВ	ELL		2. DATE OF DE 10-9	22-99	3. TIME OF DEATH		
		SEX 8. AGE (in green de la company)		UNDER 1 YEA		7. DATE OF BIRTH	3.7 Com	THPLACE (State or Foreign ntry)		
TOR	STITION DICENT THO	entist Hosp	9.		on or location of de		9c. COUNTY OF			
딥	RESIDENCE OF DECEDENT		10c. CITY, T	OWN OR LO	CATION			10d. INSIDE CITY		
5	Maryland Montgo	merv	G	aith	ersburg			LIMITS?		
-	10e. STREET AND NUMBER		1 0	41 011	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL DIRECTOR	ll7 Watkins M				20879		U.S.			
BY FUN	11. MARITAL STATUS 1	WAS DECEDENT EVER IN U.S. FORCES? 1 TYES 2 TIFYES, GIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2010 Specify: Black						
	15. DECEDENT'S EDUCATION (Specify only highest grade com		DECEDENT'S US			16b. KIND OF B	USINESS/INDUSTRY			
COMPLETED		ollege (1-4 or 5+)	Iffe. Do NOT use re	etired.)	most or working					
AP.	6th Grade		Labore	er		Maintenance				
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)			
BE (Thomas	Plumme			E1		pbell			
10	19a. INFORMANT'S NAME (Type/Print)	(Wife)			eet and Number or Rural I			20879		
	Mrs Elizabeth L.				ins Mill		thersby			
	20e. METHOD OF DISPOSITION 1 (X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State other	r place)							
	21. SIGNATURE OF FUNERAL SERVICE LICENS		ooke G	22_NAM	Cemetery	Z LLA	ytonsvi	lle, Md		
	6 red D/	L Q.		SN	SWDEN FUI	NERAL HO	ME P.A.	20850 kville, Md		
	23. PART I. Enter the diseases, or com-	allostions that exceed the	death Do not					Approximata		
	ahock, or fleart failure List	only one cause on each in CARDIAC	ARRES	STY			,	Interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST									
MEDICAL	PART II. Other aignificant conditions of	ontributing to death but no	ot resulting in	the under	lying couse given in		DRMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:										
CI		OSPITAL:		THER:	6. PLACE OF DEATH (Ch					
1YS	YES 2 NO 1 (☐ Inpatient 2 ☐ ER/Outpatien 26a, DATE OF INJURY	28b. TIME (_	Home 5 Residence	8 U Other (Specify) 28d, DESCRIBE HOV	V INJURY OCCURED			
	1 Natural 5 Pending	(Month, Day, Year)	INJUR	IV.	WORK?	Carlo regizacione				
TED BY	Accident Investigation Suicide 6 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, stre	et, factory,	office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	(Critical Crity	N: To the best of my knowledge						e(e) and manner as stated.		
E C	2016 SIGNATURE AND TITLE OF CENTURE	_			29c. LICENSE NU	MBER	29d. DATE SIGN	IED (Month, Day, Year)		
m	Taskeral 12	MHIND	W		D124	38	19/2	2/90		
2	30. NAME AND ADDRESS OF PERSON MHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type 9	rint)	21 Alex	alin a	Rocks	00. Hd		
	31. DATE FILED (Month, Day, Year)	12 HEGISTRAN'S SIGNATUR		,	Vario ()	7				
	I SEFE J JU	DIENEL WALKED AND LONG	and PO			~				

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IVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN:
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			100	- 7				2. DATE C	F DEATH DA	Y	YEAR	MONTH DAY YEAR									
				100		,		9	-17	- 9	D	7.90									
	70.00	~ ~ ~ ~		MONTHS	7	HOURS	R 24 HRS.	(Month.	Day, Year)	-	8. BIRTH Count	NFLACE (State or Foreign ry)									
		85	YAS.						2/05		Car	nada									
				9b. CITY	Y, TOWN	OR LOCAT	ION OF D	EATN		9c. COU	NTY OF D	PEATN									
	eneral H	lospit	al	Cl	heve	rly				Pri	nce (George's									
10b. COUNTY			10c, CI	TY. TOWN	OR LOCA	TION						10d. INSIDE CITY									
Pri	nce Geor	rante	u.	untt.	ov. 1	1.0						LIMITS?									
111	nce Geor	ge s	111	yatts)F			10a. CIT	IZEN OF V	21									
VANUA						20	70%														
Venue	12. WAS DECEDEN	VT EVER IN U.	S. ARMED	13.	WAS DE			NIC ORIGIN?	(Specify Yea			E — American Indian.									
Married	FORCES? 1	YES 2	2 NO		If yes, s	pecify Cubi	an, Maxica	in, Puarto Ri		00941	Blec	k, White, etc.									
rced	IF TES, GIVE T	MAN ON DATE	3		1 🔲 1168	S Z ZENU	Speci	у:			Spec	White									
								KIND OF BUS	OF BUSINESS/INDUSTRY												
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iddle, Last)									iddle, Maiden	Surname)											
Robert Wilson Ida Charlotte Gates																					
i/pe/Print)																					
	_		5115	72nd	Ave	nue,	Hya	ttsvi	11e, N	Mary!	land	20784									
ON 3 Cl. Barne	wel from State	20b. P)		SITION (N	lame of ce	emetery, cre	matory or		20c. LO	CATION —	City or To	own, State									
Especial	11/	Me	ropol:						Alex	xandı	cia,	Virginia									
L SEMPLE LIC	1 / K	1/		22. Un	. NAME A	AND ADDRI	ESS OF FA	CLITY	. F.	1	1 17	D.4									
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eart fallure. I	omplications the	use on aacl	h Ilne.	not anta	r tha m	oda of dy	ylng, aud	ch aa card	lac or reapi	ratory ar	rreat,	Approximata Interval Between									
ions, diate ing	List only pna cal	O (OR AS A CO	ONSEQUENCE	DF):	CA 1	duri	VZS	Sule	lac or reapi	AUTOPSY	rreat,	Approximata Interval Between									
ions, diate ing	DUE TO	O (OR AS A CO	ONSEQUENCE	DF):	can	ods of dy	ying, aud	Sule	24a. WAS AN PERFOF	AUTOPSY	rreat,	Approximate Interval Between Onset and Death									
ions, diate in condition	DUE TO	O (OR AS A CO)	ONSEQUENCE (OF): OTHE	er tha m	ng cause	given in	Part I.	24a. WAS AN PERFOF	AUTOPSY	rreat,	Approximate Interval Between Onset and Death									
ions, diate in condition	DUE TO DU	O (OR AS A CO	ONSEQUENCE ONSEQUENCE ON TO THE STATE OF THE	OF): OF): OTHE 4 No	26. I	ng cause	given in	Part I.	24a. WAS AN PERFOF	AUTOPSY AMED?	241	Approximate Interval Between Onset and Death									
eart fellure. I	DUE TO DU	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but	ONSEQUENCE ONSEQUENCE ON TO THE STATE OF THE	OF): OTHE 4 No	26. I	ng cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	241	Approximate Interval Between Onset and Death									
lons, disternation of MEDICAL Pending Investigation	DUE TO DU	O (OR AS A CO O	not resulting	OFF: OFF: OFF: OFF: ME OF NJURY M	26. I	PLACE OF SMAURY AT YORK?	given in	Part I. 6 Other 26d. DES	24a. WAS AN PERFOR	AUTOPSY AMED?	24I	Approximate Interval Between Onset and Death									
eart fellure. I	DUE TO DU	O (OR AS A CO	not resulting	OFF: OFF: OFF: OFF: ME OF NJURY M	26. I	PLACE OF SMAURY AT YORK?	given in	Part I. 6 Other 26d. DES	24a. WAS AN PERFOR	AUTOPSY AMED?	24I	Approximate Interval Between Onset and Death									
ons, distered in the condition of the co	DUE TO DU	O (OR AS A CO O	not resulting At home, farm	OF): OF): OF): OTHE 4 Nu ME OF NJURY M, street, fa-	zetory, offi	ng cause PLACE OF PARE 5 F F F F F F F F F F F F F	given in	Part I. Part I. Collection on the Collection of the Collection o	24a. WAS AN PERFOR 1 YES 2 (Specify) CRIBE NOW I	AUTOPSY AMED?	24I	Approximate Interval Between Onset and Death									
Pending Investigation Could not be determined PYYINO PNYSI	DUE TO DU	O (OR AS A CO O	not resulting At home, farm	OF): OF): OF): OF): OF): OF): OF): OF,:	zetory, offi	PLACE OF PLACE OF THE STATE OF THE STATE O	given in DEATN (C	Part I. Pert I. 28d. DES 28f. LOCy City of the cause time, data	24a. WAS AN PERFORM I VES 2 ATION (Street For Rown, State) se(a) and mei and place, ar	AUTOPSY MED? INJURY OC and Number of the state of the st	24ll CCURED or or Rural sted.	Approximate Interval Between Onset and Death To Completion of Cause of Death? 1 YES 2 NO									
ons, lons, diate long, long, diate long, l	DUE TO DU	O (OR AS A CO O	not resulting and all home, farm by COUCONSEQUENCE of the country of the countr	OF): OF): OF): OF): OF): OF): OF): OF,:	zetory, offi	PLACE OF PLACE OF THE STATE OF THE STATE O	given in DEATN (C	Part I. Pert I. 28d. DES 26f. LOCy. City of	24a. WAS AN PERFORM I VES 2 ATION (Street For Rown, State) se(a) and mei and place, ar	AUTOPSY MED? INJURY OC and Number of the state of the st	24ll CCURED or or Rural sted.	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death									
Pending Investigation Could not be determined PYYINO PNYSI	DUE TO DU	O (OR AS A CO O	onsequence of the property of	OF): OF): OF): OF): OF): OF): OF): OF,:	zetory, offi	PLACE OF PLACE OF THE STATE OF THE STATE O	given in DEATN (C	Part I. Pert I. 28d. DES 28f. LOCy City of the cause time, data	24a. WAS AN PERFORM I VES 2 ATION (Street For Rown, State) se(a) and mei and place, ar	AUTOPSY MED? INJURY OC and Number of the state of the st	24ll CCURED or or Rural sted.	Approximate Interval Between Onset and Death Death Onset and Death Death Onset and Death									
	Frede A A A Bitution, give str ge's G EDENT 10b. COUNTY Pri Venue Married road Codfie, Last) On The Print The County P	Frederick Gat S. SEX A 1	Frederick Gates Cl ER S. SEX 6. AGE (In y A 1	Frederick Gates Clarke ER S. SEX G. AGE (In yrs. lest birthday) A 1\(\tilde{\text{M}}\) M 2 \(\text{F}\) 85 YRS. Initiation, give street and number) ge's General Hospital EDENT 10b. COUNTY Prince George's H: Venue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1\(\tilde{\text{M}}\) YES 2 \(\text{MNO}\) IF YES, GIVE WAR OR DATES DEDENT'S EDUCATION Thighest grade completed; 10c. Cr FORCES? 1\(\tilde{\text{M}}\) YES 2 \(\text{MNO}\) If YES, GIVE WAR OR DATES College (1-4 or 5+) PHD 10c. DECEDENT' (Give kind of life. Do NOT or life.) College (1-4 or 5+) PHD 10c. DECEDENT' (Give kind of life. Do NOT or life.) 10c. Cr 10c. Cr	Frederick Gates Clarke ER S. SEX 6. AGE (In yrs. lest birthday) F UNDER A 1	Frederick Gates Clarke ER S. SEX 6. AGE (In yrs. lest birthday) A 1 1 M 2 F 85 YRS. A 1 M N 2 F 85 YRS. B S YRS. B WAYT B S DAY'S B S T SWA DE CETY, TOWN OR LOCAL TOWN I 10c. CITY, TOWN OR LOCAL TOWN	Frederick Gates Clarke ER S. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR 1 FUNDER A 1 N 2 F 85 YRS. MONTHS DAYS HOURS Initiation, give street and number) ge's General Hospital Cheverly EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Prince George's Hyattsville 101. ZIP COL Yenue 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT If yes, specify Cub 1 YES, GIVE WAR OR DATES 15. WAS DECEDENT IN 15 YES 2 NO 15 YES, GIVE WAR OR DATES 16. DECEDENT'S EDUCATION (Give kind of work done during most of work life, Do NOT use retired.) 17. College (1-4 or 5+) PHD Entomologist 18. MONTHS DAYS DECEDENT IN 15 YES 2 NO 16 YES 2 X NO 17 YES 2 X NO 18 YES 2 X NO 18 YES 2 X NO 19 YES 2 X NO 18 YES 2 X NO	Frederick Gates Clarke ER S. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR IF UNDER 24 HRS. A 1	Frederick Gates Clarke ER S. SEX B. AGE (In yrs. lest birthday) A 1	Frederick Gates Clarke ER S. SEX A S. AGE (In yrs. lost birthday) A 1 1 M 2 F 85	Frederick Gates Clarke ER S. SEX S. AGE (In yrs. lost birthday) F UNDER 1 YEAR NORTHS DAYS HOURS MIN. 1 M. M.	Frederick Gates Clarke ER S. SEX S. AGE (In yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS. 1 X DATE OF BIRTY (Count (Morth, Day, Near) 02/22/05 A 1 X M 2 F 85 YRS. MONTHS DAYS HOURS MIN. 02/22/05 Gat inflution, give street and number) ge's General Hospital Cheverly Prince (Gates County OF EDENT 100. COUNTY F 100. C									

BALTIMORE, MARYLAND 21203

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ĺ	Oliver	Corroth	279			MONTH		VEAR 2:30 M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs, last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		I. BIRTHPLACE (State or Foreign Country)
	Unknown	1 🔀 📉 2 🗆 F	101 YRS.	ONTHS DAYS	HOURE MIN.	August 2		New York
1	9a. FACILITY NAME (If not institution, give s	treet and number)	9	b. CITY, TOWN	OR LOCATION OF DE			Y OF DEATH
	Presidential Woo	ds Nursing	Home I	Adelphi			Pr	ince Georges
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c, CITY, 1	OWN OR LOCA	TION			10d. INSIDE CITY
	D.C.							LIMITS?
	10e. STREET AND NUMBER		wasn	ington,	D.C.		10g. CITIZI	EN OF WHAT COUNTRY?
È	1927 Hamlin Stre	et N F			20018		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	minal Chahaa
LONEDAL	11. MARITAL STATUS	12. WAS DECEDENT EX		13. WAS DEC	ENDENT OF HISPAN	IIC ORIOIN? (Specify	Yes or No- 1	nited States 4. RACE — American Indian,
- 1	1 Never Married 2 Married 3 XXWidowed 4 Divorced	FORCES? 1 D IF YES, OIVE WAR Unkn	OR DATES	If yes, sp	ecity Cuban, Maxica 2 2 NO Specify	n, Puarto Rican, etc.)	Black, White, etc. Specify:
		<u> </u>	Blac					
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	k done durina mo	ON pat of working	16b. KIND OF	BUSINESS/INDU	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)						
	Unknown 17. FATHER'S NAME (First, Middle, Last)		Music	lan	18 MOTHED'S NA	ME (First, Middle, Ma	ivate	
3							our surrame,	
4	Unknown 190. INFORMANT'S NAME (Type/Print)	-	19b. MAILING AI	ODRESS (Street		nown Route Number, City or	Town, State, Zio (Code)
2	Rev.Clyde Hargra	ves						D.C. 20018
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT					Ity or Town, State
	1 X Yuriai 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place) Harmony	Mem.	Cemetery	La	ndover.	maryland
	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE //	. /	22. NAME A	ND ADDRESS OF FA	CILITY		102720110
	+ Mr.	- de	11			neral Ho		
\dashv	23. PART i. Enter the diseases, or	complications that co	aused the death. Do not			land Ave		
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)		on each line.	na	ي (Derie.	st	Interval Between Onast and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	R AS A CONSEQUENCE OF):		_			
	PART II. Other algnificant condition	ns contributing to de	ath but not resulting in	the underlying	ng cause given in		S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL							REFORMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE
						_	- 500	OF DEATH?
-								
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C)	neck only one)		
2	1 YES 2 NO			THER:	me 5 🗆 Rasidence	8 - Other (Specify)		
BY PH	27. MANNER OF DEATH There is a pending investigation 2 Accident Investigation	28a. DATE OF IN- (Month, Day,		RY W	JURY AT ORK? YES 2 NO	28d. DESCRIBE H	OW INJURY OCC	URED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, atc	NJURY — At home, farm, str (Specify)	eet, factory, offi	ca	281. LOCATION (St City or Town, S	reet and Number (State)	or Rural Route Number,
4	29a. CERTIFIER CERTIFYINO PHYS	ICIAN: To the best of my	knowledge, death occurred	at the time, det	e and place, and du	to the cause(s) and	I manner as state	d.
COMPLEIED	one) 2 MEDICAL EXAMIN		nination and/or investigation,	in my opinion,	danth occured at the	time, deta and piec	a, and due to the	cause(s) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE	m la	D Schiss	4	29c. LICENSE NU	934	29d. DATE	SIGNED (Month, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WI	1) 7500	OF DEATH (ITEM 27) (Type, F	Cen te	~ B #	430 W	reenh	ed 140 20770
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE					-
	SFP 1 x '90	Listin No	widron- Rando De	-				

Little his

1 - REGISTRAR		CERTIFIC	CATE O	F DEATH	REG	NO.		
1. DECEDENT'S NAME (First, Middle, La MARY	EVELLA	CAM	PBELL		2. DATE OF DEATMONTH Sept.	TN DAY 16, 1	990	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 579-42-8372	5. SEX 6. AG		IF UNDER 1 YEA		7. DATE OF BIRT (Month, Day, Ye 4-18-33	inr)	Count	MPLACE (State or Foreign (Y)) m City, N.C
90. FACILITY NAME (If not institution, git 6721 Milltown	Court			n on Location of D			ince	Georges
RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Pri			TOWN OR LO	CATION Heights				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
104. STREET AND NUMBER		525	101. ZIP CODE 20747					WHAT COUNTRY?
6721 MIIItoW 11. MARITAL STATUS 1 Never Merried 2X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 ANO	If yee	DECENDENT OF NISPA specify Cuben, Mexic (ES 2 KNO Specific	en, Puerto Rican, et	fy Yee or No-	14. RAC Blac Spec	
15. DECEDENT'S 8 (Specify only highest gr Elementary/Secondary (0-12) 11th	EDUCATION rade completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind at we life. Do NOT use	ork done during retired.)	ATION most of working		F BUSINESS/III	NDUSTRY	lack
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, M	A 11-1		
David Lucas 190. INFORMANT'S NAME (Type/Print)		10h MAII (NO	ADDRESS (CA	The Lm	a Winste		Zto Cooks)	
Lolethia Berry	(Daughter)	2.10.4		t Seat Pl				
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 F 4 Donetion 6 Other (Specify)	lemoval from State	other place) George Wa		cometery, crematory or		Adelph	-	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE LOCALITY	2 м859	Ale	xander S. 7 Pa. Ave	Pope Fu			0020
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- b acc DUE TO FOR A	S A CONSEQUENCE OF	tool	dise	ace	ne		
PART II. Other aignificant condi	tions contributing to deat	h but not resulting Ir	n the underl	ying cause given in	Pf	AS AN AUTOPS ERFORMED? 'ES 2 NO	Y 241	D. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	. PLACE OF DEATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJUR	Y 28b. TIME	JRY	INJURY IT WORK? YES 2 NO	8 Other (Specification of the Control of the Contro		CCURED	
2 Accident Investigati 3 Suicide 6 Could not determine	be 28e. PLACE OF INJU-	JRY — At home, farm, st Specify)			28f. LOCATION (City or Town,	Street and Numi State)	ber or Rural	Route Number,
anal and	HYSICIAN: To the best of my kr				e time, date end pla		the cause	e) and manner ee stated.
A SO OF PERIOR	WHO COMPLETED CARSE OF	DEATH (ITEM 2/) (%)		D206	23	Who le (17	18/50
SFP 1 9 '90	32. neghtmans s Lulia David	IGNATURE AND	~ ~ ~	4 00000	164	400	7.~	1/2011

er use as the burial-transit permit. Pages 1, 2, 3 should al or attending physician.

P1203-3146

BALTIMORE, MA

IN THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained to the truncal director, page 5 strength to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 strength be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

3. TIME OF DEATH

2 DATE OF DEATH

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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removal.

filled in by t

in and completely filled in to burial, cremation, or i

s certificate has been s th the State Dept. of H

THE HOSPITAL OR ATTENDING PHYSICIAN: TO THE FUNERAL DIRECTOR: after this certifical filed within 72 hours after death with the Sta

1. DECEDENT'S NAME (First, Middle, Last)

.40 ESSI cent 4, SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 10023-1889 8. BIRTHPLACE (State or Foreign 100 445-32-9795 1 M 2 AF YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George DIRECTOR Greater Laurel Hursing Home Laurel RESIDENCE OF DECEDENT 10e, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George 1 YES 2 NO Laurel Haryland 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 20708 8702 Royal Ridge Lane 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, atc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc., Specify: 1.1110 1 Never Merried 2 Merried
3 Avidowed 4 Divorced 百 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 5 College (1-4 or 5+) COMPLET Private Schools Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) te George Richardson Mary E. Sanger BE notified te. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Raym, State, Zip Code) 8702 Royal Ridge Lane Laurel, 14d 20708 2 Richard Orin Cornett pe 201/ METHOD OF DISPOSITION
1 D Burlel 2 Cremation 3 Removal from State 20b. PLACE OF OISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Nashville, Tenn. must Mt. Wlivett Cemetery 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 7601 Sandy Spring Rd. Laurel, Md 23. PART I. Enter the diseases, or complications that coused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, the medical shock, or heart fellure. Liet only one cause on each line Interval Between Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): event, traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST 10 PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER:
4 Nursing Home 5 - Residence 8 - Other (Specify) 1 YES 2 NO 1 Dipatient 2 ER/Outpatient 3 DOA 0 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 28 ls 6 Could not be determined COMPLETED 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. THE FUNERA
Be filed within 7. 29b. SIGNATURE AND TATLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE Kundenson 036716 neller 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) MNONGW 8317 Chery dane facul md 20707 31. DATE FILED (Month, Day, Year) CUNDANT Julia Davidson-Randall 32. REGISTRAR'S SIGNATURE

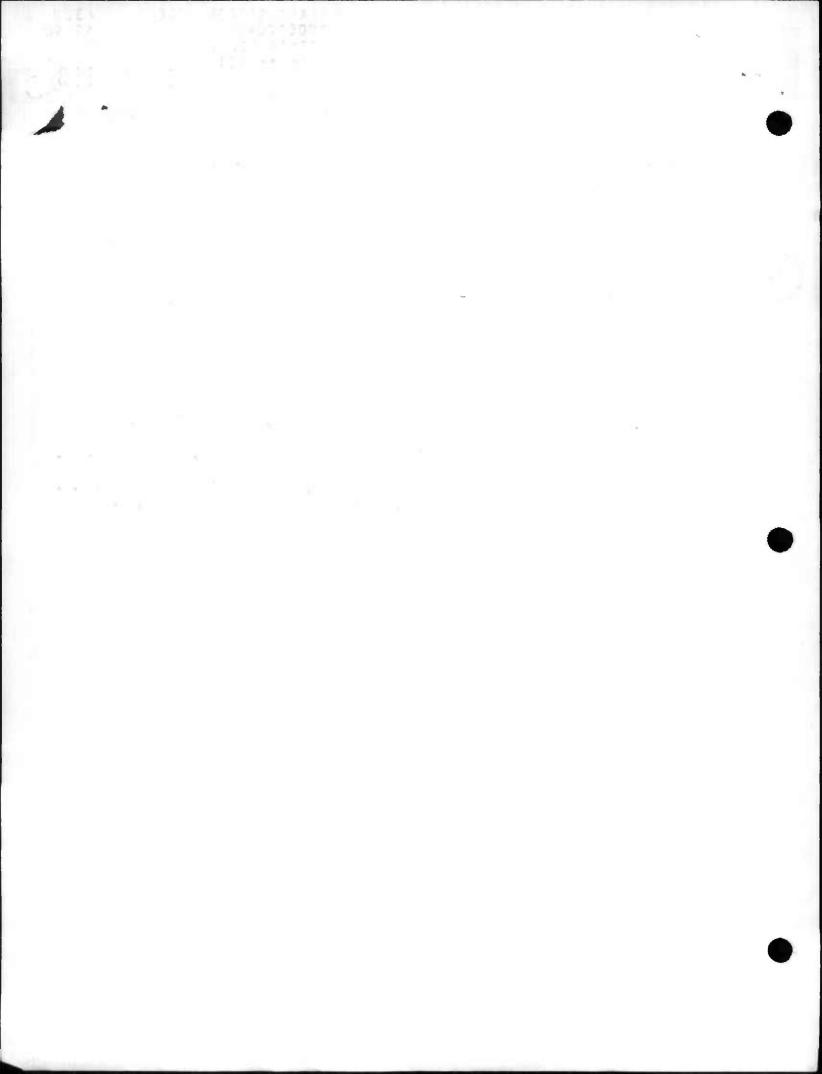
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	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND I	MENTAL HYGIEN		1-01/5/3	
	1. DECEDENT'S NAME (First, Middle, Last)			7	\$ 1 × 20 to an	2. DATE OF BEATH /D	(414, 415)	3. TIME OF DEAT	
	GEORGE ROBERT	CLARK 5. SEX 8, AGE (1)	(IF UNDER 24 HRS.	7 DATE OF BUILTY	70	BIRTHPLACE (State or Foreign	
	219-36-0021	1X M 2 D F 76	n yrs. last birthday) YRS.	MONTHS DAYS	HOURS MIN.	Dec. 28,19	13 M	aryland	
<u>«</u>	9a. FACILITY NAME (If not institution, give st Fallston General			PB. CITY, TOWN OF	PR LOCATION OF DE	EATH	9c. COUNTY Harf	of Death	
25	RESIDENCE OF DECEDENT			1915 141					
Ĕ I	Fallston General Hospital Fallston Fallston							10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO	
AL C							10g. CITIZEN OF WHAT COUNTY		
FUNERAL	618 Walters Mill				21050		USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuban, Maxican, Puarto Rican, atc.) 1 YES YNO Specify:			No- 14. RACE American Indian, Black, White, atc. Specify: White	
8	15. DECEDENT'S EDUC (Specify only highest grade	est grade completed) (Give kind of work done during most of working							
Elementary/Secondary (0-12) College (1-4 or 5+) 8 College (1-4 or 5+) Farmer Agricultum						lture			
COMPLETED	17. FATHER'S NAME (First, Middle, Last) George Rigdon	Clark			18. MOTHER'S NA Elizab	ME (First, Middle, Meiden eth Racha	sumame) el Ad	У	
TO BE	19a. INFORMANT'S NAME (Type/Print) Hazel M. Clark					Route Number, City or Tow Forest H			
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1X Burlel 2 Cremetton 3 Removal from State Charles of This groups] Charles Company Horsest Hill							or Town, Stata t Hill, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								
	Hever K	McCom	esus					Home, P.A.	
	23. PART I. Enter the disesses, or cahock, or heart failure.	complications that caused List only one cause on a	the death. Do nach ilna.	ot antar tha mo	da of dying, aud	h as cardiac or reap	iretory arrest	Approximate Interval Batween	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardin	o- pul	una	M W	ret		Onset and Death	
	losuiting in usatify	DUE TO (OR AS A	CONSEQUENCE OF	· - A	Di al	in lun.	train		
NO	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	CONSEQUENCE OF	* 1		7000 40			
CAI	cause. Enter UNDERLYING CAUSE (Disease or injury	alterio s	Merita	Mo	01	polasi	_		
CERTIFICATION	that initiated events resulting in death) LAST	a Motor	W J J	inus	is	Cenera	lized		
	PART II. Other significant condition	as contributing to debuth b	ut not resulting i	n the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	34b. WERE AUTOPSY FINDINGS	
ICAL	Menay	insuff	ingnou			PERFO		AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC	Left her	nighere !	grebro!	duse.	acrida	<u>v</u> , (\sim	1 - YES 2 - NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	le l	1	26. P	LACE OF DEATH (C)	tecit aniv anei			
SICI	EXAMINER?	HOSPITAL:	etlent 3 🗆 DOA	OTHER:		\$ ☐ Other (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	URY W	JURY AT DRK7	284. DESCRIBE HOW	INJURY OCCUP	NED COM	
B⊀	2 Accident Investigation	28s. PLACE OF INJURY	At home, farm, a	11.00	AEB 3 NO	28f. LOCATION (Street	and Number or	Rural Route Number	
TED	4 Homicide	building, etc. (Spec	olfy)			City or Town, State	,		
29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
MPL	(Check only							ause(s) and manner as stated.	
E COMPLETED	(Check only	ER: On the basis of examination				time, date and place, a	nd dua to the o	cause(s) and manner as stated.	
	(Check only one) 2 MEDICAL EXAMINE	ER: On the basia of examination	n and/or investigation	n, in my opinion,	death occured at the	time, date and place, a	nd dua to the o		
BE	(Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basia of examination	ATH (ITEM 27) (Type	n, in my opinion,	29c. UCENSE NU	time, date and place, a	nd dua to the o		



BALTIMORE, MARYLAND

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns after death. Page 6 may be reason	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 short		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifing
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DR	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem
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Jeanne P.

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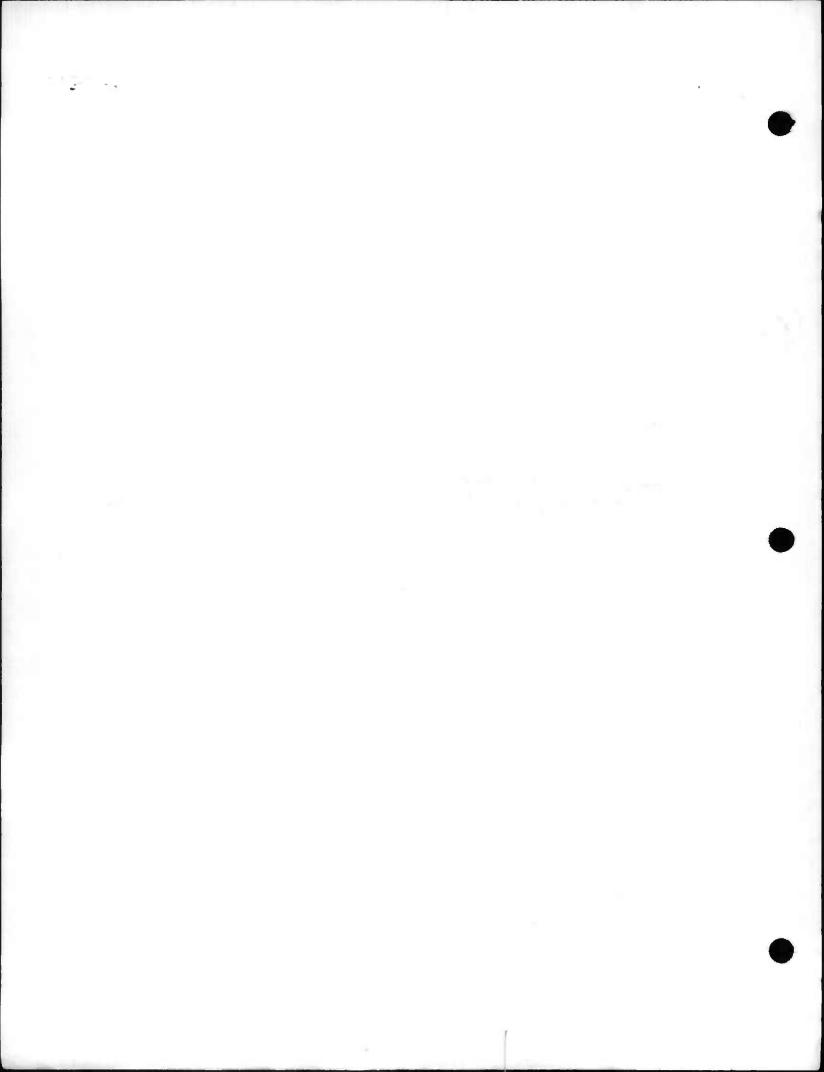
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3	FOR STATE REGISTRAR	STATE OF N	IARYLAN	D / DEPAR CERTIF					MENTAL	HYGIEN	E	90 ,	27514
		rene		Conn						ember		1990	2:30 A ^M
	4. SOCIAL SECURITY NUMBER 212-36-4671 9e. FACILITY NAME (If not institution, give steel	5. SEX 1 M 2 X F	89 89	rs. last birthday) YRS.	MONTHS MONTHS	DAYS	HOURS	MIN.	OCT.	Dey, Year)		8. BIRTNPL Country) MARYI NTY OF DEAT	
TOR	Randolph Hills Nursing Home					9b. city, town or location of death Wheaton					Montgo	1	
DIRECTOR	MARYLAND 10b. COUNTY MONTGO				v, town o LVER							1	d. INSIDE CITY LIMITS? XYES 2 NO
FUNERAL	733 SLIGO AVE	APT #					2091	0			U.	S.A.	AT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ☐ NO Specify: Specify:					American Indien, white, atc.		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 12		+)	(Give kind of life. Do NOT use HOUSE	work done one retired.)	during mo		ing	18b.	HOUS			
BE CON	17. FATNER'S NAME (First, Middle, Lest) SAMUEL KENDALI								ME (First, M BURN	iddle, Maiden S	Surname)		1.0
10	190. INFORMANT'S NAME (Type/Print) PATRICIA W. DEAL			P.O.	BOX#	268	В	BTRC	HIMOOD	7.	CONS	IN 54	817
	20a, METNOD OF DISPOSITION 1 A Buriel 2 Cremetion 3 Remo		01	LACE OF DISPO ther place) LCREST	BURI	[AL]	PARK					City or Town	, State RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	Mer	itt		SI	LCO	K-ME		T FUN	ERAL CUMB		VID MAR	NT AND
	23. PART i. Enter the disessae, or c shock, or haert failure.												Approximats intervel Between Onset and Death
	disesse or condition resulting in death)	Menine DUE TO		ONSEQUENCE O	F):								l year
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING b. Multi infarct dementia DUE TO (OR AS A CONSEQUENCE OF):									l year			
ERTIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO	(OR AS A C	ONSEQUENCE O	F):								
4	PART II. Other significant condition	a contributing to	death but	not reaulting	in the ur	ndariyin	g ceusa	given in	Part i.	24a. WAS AN PERFOR	RMED?	â	VAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	5000	2 004	OTHE	A:			heck only on				
	27. MANNER OF DEATN 1 🔀 Netural 5 🗆 Pending	28e. DATE Of		28b, TII	_	28c. IN.	URY AT	NO NO	8 Other	CRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined		OF INJURY — , etc. (Specify	At home, farm,	atreet, tac	tory, offic	•			ATION (Street or Town, Stelle		er or Rural Roo	ste Number,
COMPLET	29e. CERTIFIER (Check only one) 1 X CERTIFYING PNYSI	_											and manner ee stated.
296. SIGNATURE AND TITLE OF CENTRE NUMBER										Month, Day, Year) Der 30, 1990			
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEAT	N (ITEM 27) /5-0	a Print)								

3720 Farragut Avenue, Kensington, Maryland

COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE



ours after death. Page 6 may be retained by the hos	titled in by the funeral director, page 5 should be detach on, or removal.	ne medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MAR	CE	RTIFICAT	E OF DEATH	2. DATE OF	REG. NO.	3. TIME OF DEATH		
EVEREH J.	CASE				MONTH	DAY	90 /1 PM		
4. SOCIAL SECURITY NUMBER 639 - 21 - 7511	8. SEX 6. A	AGE (In yrs. lest	YRS. IF UND	ER 1 YEAR SF UNDER 24 HRE DAYS HOURS MIN	(Month, E	BIRTH Pay, Ybar)	8. BIRTHPLACE (State or Foreign Country) VEWPORT, RI		
98. FACILITY NAME (If not institution, give st HALLOTIC HAIL RESIDENCE OF DECEDENT	VETERANS	Home		TRLOHE HALL	DEATH		MARY'S CO.		
10b. COUNTY	MARY'S		10c. CITY, TOWN				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
Mo. STREET AND NUMBER A. 2 BOX	/		- SIII CL	101. ZIP CODE		410	EN OF WHAT COUNTRY?		
11. MARITAL STATUS		ED IN U.S. ASIA	en La	20623		u,s			
1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 N IF YES, GIVE WAR O	OR DATES	11-51	8. WAS DECENDENT OF HIS If yes, specify Cuban, Max 1 TES 2 NO Specify NO Specific NO Speci	ican, Puarto Ric		14. RACE — American Indian, Black, White, etc. Specify: WHITE		
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Giv	Do NOT use retired	e during most of working		IND OF BUSINESS/INDU	PSTRY		
17. FATHER'S NAME (First, Middle, Last)		10,0	BURNE		NAME (First, Mid	idle, Malden Sumame)			
Everett B. Case				Ida L	ewis Ja	nsen			
19a. INFORMANT'S NAME (Type/Print) Norman Case 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 18 Davis Drive Indian Head, Md. 20640									
20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Stata other place)									
	oval from State	other plac	00)		or				
4 Donation 5 Other (Specify)		other plac	olumbus	Cemetery		Middleto			
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	St. C	olumbus W	Cemetery THAME AND ADDRESS OF SILILIAMS Fundations 1. 225 & Gly	racium ral Hor mont Ro	Middleto me, Inc. d., Indian	wn, R. I. Head, Md. 206		
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Fine)	CENSEE Complications that ce List only one cause to	other place St C.	olumbus W R	Cemetery THAME AND ADDRESS OF SILILIAMS Fundations 1. 225 & Gly	racium ral Hor mont Ro	Middleto me, Inc. d., Indian	wn, R. I. Head, Md. 206		
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Fine)	e. PNE UM DUE TO (OR DUE TO (OR	St. C.	olumbus R sth. Do not ent	Cemetery THAME AND ADDRESS OF SILILIAMS Fundations 1. 225 & Gly	racium ral Hor mont Ro	Middleto me, Inc. d., Indian	wn, R. I. Head, Md. 206 Approximate interval Between		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or on shock, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. PNEUM DUE TO (OR	other plet St. C. St. C. St. C. St. C. As a consecutive as a consecuti	Olumbus R sth. Do not ent UENCE OF): UENCE OF):	Cemetery NAME AND ADDRESS OF Illiams Fund t. 225 & Gly er the mode of dying, a	FACILITY FRAIT HOI FROM THE PROPERTY OF THE PR	Middleto me, Inc. d., Indian c or respiratory arre	Wn, R. I. Head, Md. 206 Approximate interval Between Onset and Dast		
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23. PART I. Enter the diseases, or on shock, or hear failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant conditions.	DUE TO (OR d	other plate St C	Olumbus W R sth. Do not ent UENCE OF): UENCE OF): UENCE OF): 20b. TIME OF NJURY	Cemetery 2. NAME AND ADDRESS OF 2. NAME AND ADDRESS OF 2. LILIAMS I UNC 1. 225 & Gly er the mode of dying, a underlying ceuse given 28. PLACE OF DEATH ER: ursing Home 5 — Residen 280. INJURY AT WORK?	in Part i. 2 (Check only one)	Middleto me, Inc. d., Indian c or respiratory arre	Wn, R. I. Head, Md. 206 Approximate interval Between Onset and Dank 24b. Were Autopsy Findings AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR DUE TO (OR d	other plates of the plates of the desponse of the desponse of the As A consecution of the but not research of the but not rese	Olumbus W R Sth. Do not ent UENCE OF): UENCE OF): UENCE OF): 200. TIME OF NJURY M	Cemetery 2. NAME AND ADDRESS OF 2. NAME AND ADDRESS OF 2. LILIAMS I UNC 1. 225 & Gly er the mode of dying, a underlying ceuse given 28. PLACE OF DEATH ER: ursing Home 5 — Rasiden 28c. NJURY AT WORK? 1 — YES 2 — NO	In Part I. 2 (Check only one) Ce 8 Other (28d. DESCI	Middleto me, Inc. d., Indian c or respiratory arre 4a. WAS AN AUTOPSY PERFORMED? YES 2 NO	Head, Md. 206 Approximate interval Between Onset and Dast 24b. Were Autopsy Findings AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		

SS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Julia Landson-Randall 31. DATE FILED (Month, Day, Year) 90

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the management of the m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delined within 20 hours after death with the State Dest, or Health and Mental Hoolete orior to burial, cremation, or removal.	IMPORTANT: It lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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32. REGISTRAH'S SIGNATURE
Julia Javidson-Rondalle

Thomas Fie 31. DATE FILED (Month, Day, Year)
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	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENT	AL HYGIEN REG. NO.		90	27516
-	1. DECEDENT'S NAME (First, Middle, Last) Edith Gerti	rude	Cante	er					MON	TE OF DEATH		9 9 0	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-40-8757	5. SEX 1 ☐ M 2 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	5. SEX 6. AGE (In yrs. lest bin			R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.			7. DAT	7. DATE OF BIRTH (Month, Day, Year) 11–27–1903		BIRTHPLACE (State or Foreign Country) Maryland	
TOR	Physicians Memoresidence of December 1	ospital	<u>L</u>	96. CITY, TOWN OR LOCATION OF D								arles	
L DIRECTOR	Maryland Princ 100. STREET AND NUMBER	e George	S	10c. CIT	Aqua	sco		-			140 000		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		21015 Aquasco Road						101. ZIP COOE 20608				USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES 13. WAS DECENDENT DF HISPANIC ORIGIN? (Specify Yee or No- If yes, apecify Cuben, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify:						or No-	- 14. RACE — American Indien, Black, White, atc. Specify: White			
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	ON 16a. DECEDENT': (Give kind of life. Do NOT it - HOUISEM				,				16b. KIND OF BUSINESS/INDUSTRY Home		
BE CON	17. FATHER'S NAME (First, Middle, Lest) Joseph Lee Cross 18. MOTHER'S NAME (First, Middle, Melden Surname) Mattie Bowen Connick												
TO E	196. INFORMANT'S NAME (Type/Print) Ann Canter 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 22801 Aquasco Road, Aquasco, Md. 20608												
	20a. METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Removal from State Tylinity Memorial Gardens												
	23. PART-I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		Interval Be								Approximate interval Between Onset and Daet		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST b. Outeros Caratra												
7	PART II. Other algnificant condition	resulting	g in the underlying cause given in				1 Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		24	b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO			
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND												
BY	27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident 8 Could not be determined	28c. DATE OF INJURY (Month, Dey, Vear) 28b. TIME DF INJURY M 28c. INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HDW INJURY OCCURED 28d. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HDW INJURY OCCURED 28d. DESCRIBE HDW INJURY OCCURED						l Route Number,					
BE COMPLETED	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINI 296. SIGNATURE AND TITLE OF CERTIFIE	ER: On the basic of		Investigat	ion, in my		death occ		e time, d	late end place, a	nd due to	the couse	(e) and manner ee stated.

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZY hours after death. Page 6 may be retained by the house as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. Decedent's Name (First, Middle, Last) Paul Verpon Clabaugh										3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	5. SEX 6.	AGE (In yrs. Ins	(In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				Lin Ja	LACE (State or Foreign			
	212-26-6594, 12 = 2 = F				60 YRS. MONTHS DAYS HOURS MIN			(Modern Dog Man 30			yland	
	9a. FACILITY NAME (If not in		eet and number)			ry, TOWN C	R LOCATION OF DE	ATH	ec. CO	UNTY OF DE		
FUNERAL DIRECTOR	1729 07	EDENT	PALE	MIL	LIT	Any	ENTON	UN ME	CI	9/2/	2011	
E I	10e. STATE 10b. COUNTY				10c. CITY, TOWN						10d. INSIDE CITY LIMITS?	
	Maryland Frederick				Ti	nurmo	nt ZIP CODE	· -	1		1 YES 2 NO	
RA	12813 Hess			100		788 U.S.						
S	11. MARITAL STATUS	VER IN U.S. AR		ENDENT OF HISPAN	MC ORIGIN? (Specify Yea or No. 14, RACE — An			- American Indian.				
B	1 Never Married 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR D				40	ecify Cuben, Mexica 2 X NO Specify	cent, I detto ricent, etc.)					
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				166. KIND OF BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)			110	Me. Do NOT use retired.)				self-employed			
OME	17. FATHER'S NAME (First, M	iddle, Last)			carpe	illei	18. MOTHER'S NA	ME (First, Middle, M				
BE C	George	Clabau	igh				V	iola Sh	iner			
TO B	19a. INFORMANT'S NAME (Type/Print)				19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
-	Margaret E. Clabaugh						Bridge		Thurmont, MD 21788			
	284 METHOD OF DISPOSIT 1 ABuriel 2 Cremetic 4 Donation 6 Other	n 3 Remo	wal from State	other o	lece)		metery, cremetory or CETV	Unionville, MD				
	21. SIGNATURE OF FUNERA		ENSEE /	/ 2	2. NAME A	ND ADDRESS OF FA	CILITY	JArt 21	or & 9	Sons		
	Tatharene V. Xlandler						AME AND ADDRESS OF FACILITY D.D. HArtzler & Sons Woodsboro, MD					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate											
	Onset and Death											
	disease or condition a. ACUTE MYSCARTIBLE THEATHUR THE TOTAL											
z	DUE TO (UN AS A CONSEQUENCE OF):											
TIO	Sequentially flat conditions, If any, leading to immediate											
FICE	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	that initiated events resulting in death) LAST											
L CE	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS											
MEDICAL									1 TO MED A TO MO		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MED											1 - YES 2 - NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.2 YES 2 NO 1 inpatient 2 ER/Outpatient 3 DAA 4 Nursing Home 5 Residence 6 Other (Specify)											
PHYSICIAN:	YES 2 NO	28a. DATE OF IN (Month, Day,	JURY	28b, TIME OF	JURY AT	28d. DESCRIBE HOW INJURY OCCUREO						
ВУ Р	1t Netural 5 🗆	70E/)	M 1 YES 2 NO									
	3 Suicide 6	28a. PLACE OF building, et	NJURY — At h c. (Specify)	ome, farm, street,	lactory, offi	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
E.	4 Homicide determined											
COMPLETED	28e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 SEPOICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.											
	29c, LICENSE NUMBER 29d, DATE BIGNED (Month, Day, Year)											
BE	(L. Olever)	7211496					DATE BIGINED (MONTH, Day, 1981)					
5	30, HAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type, Print)	90	7-14-DC++1/1/2 77-10/1/17					
	Section to the Party of Control of the		-								2 1/	
	DAMEL	IWE	HIVE	2 M	0	LIF	c-filli	NIC TE	1010	VAL	<i>L D</i>	
	DANEL 31. DATE FILED (Month, Day SFP 27	TWE		S SIGNATURE	D ando 82	WE	STA	NOTE	P. VC	11/1	<i>X.17</i>	



			1 - STATE REGISTRAR	OIAIE OF MAITE		ICATE OF	DEATH	REG. NO		47010			
			1. DECEDENT'S NAME (First, Middle, Last)		1	1 ,	,	2. DATE OF DEATH	AY YE	3. TIME OF DEATH			
			WILLIAM I	LAWRENCE		onnell	y JR.	September	25.19	90 1335 M			
		Ī	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	T DATE OF BIRTH		BIRTHPLACE (State or Foreign			
			219-18-4947	1 XX 2 □ F	65 YRS.	MONTHS DAYS	HOURS MIN.	JUNE 19, 1	925 N	ARYLAND			
	3 should	1	9a. FACILITY NAME (If not Institution, give st	reet and number)		9b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY				
	mit. Pages 1, 2, 3 sh	DIRECTOR	Peninsula General	Hospital		Salis	bury, MD		W-	icomico			
			RESIDENCE OF DECEDENT										
	sade	E	10a. STATE 10b. COUNTY		10c, CI1	Y, TOWN OR LOCAT				10d, INSIDE CITY LIMITS?			
20	E .	11		LEGANY		PITTSBU			T	1 X YES 2 NO			
/_	8.	FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
		W	151 LINDEN CT.	12. WAS DECEDENT EVER			15237			USA			
14	1	5	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, spi	ecify Cuben, Mexica	HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)		RACE — American Indian, Black, White, etc.			
3		B	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR E	DATES	1 U YES	2 XNO Specify	γ:		Specify: WHITE			
93			15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S	USUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUST				
21203	for us	L.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st of working						
	thed 1	린	12 YEARS	6 YEARS	SALES	PERSON		FILTR	ATION				
AND 2	detached once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)				
	क द	BE	WILLIAM LAWRE	NCE CONN	ELLY, SR		MARY	(unk)	RICHE	RT			
MARYL	5 should	6	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		(e)			
- 4	8 8 8		WILLIAM L. CONNEI	LY, III-SON				GO, ILL.					
ORE,			20a. METHOD OF DISPOSITION 9/2 1 Burial 2 A Cremation 3 I Rem	pval from State	SALISBUR				CATION — City LISBURY				
MOR	direct direct		4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		NUTTODOK		D ADDRESS OF FA		LISBURI	, FID			
	tuneral dis		1.10//	11 /1-		HOLLO	WAY FUNE	ERAL HOME,	PA				
BA	hours after of in by the or remova medical		501 SNOW HILL RD, SALISBURY, MD 21801										
- 4			23. PART1. Enter the diseases, or compilications the ceused the death. Do not enter the mode of dying, such se cardiec or respiratory strest, shock, or heert feliure. List only dhe ceuse on each line. IMMEDIATE CAUSE (Final disease or condition										
			disease or condition resulting in death)	· Puj	poxice	cnceph	als parke	1					
13146,	5 5 % E		Sequentisity list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Cause Consequence of the cause of the ca										
13	be executed within ician and completely rior to burial, crema traumatic event,	O	Sequentisity list conditione, DUE TO (OR AS A CONSEQUENCE OF):										
ВОХ	ysician prior t	AT	if eny, leeding to immediate cause. Enter UNDERLYING			Ventr	arlar V	-					
œ	전 의 · 호	F	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE (F):	0						
0	2 E F	CERTIFICATION	resulting in death) LAST										
	y the attended Mental		PART II. Other significant condition	s contribution to death	but not resulting	in the underlying	n cause given in	Part i. 24s. WAS AN	N ALITOPSY	24b. WERE AUTOPSY FINDINGS			
ORDS	y le	DICAL	CAD	- ,	1/x2	SP	CABC	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE			
Ö		Q.		2	repay			1 _ YES	2 1NO	OF OEATH?			
	S of Ge	ME		18 450	rapaci			-		1 TES 2 NO			
	has b Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C)	neck only one)					
VITAL	= e # 5	SIC	EXAMINER?	HOSPITAL: 1 ☑ Inpatient 2 ☐ ER/Ou	tpatient 3 DOA	OTHER:		6 Other (Specify)					
7	certification the	Ħ	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TI	ME OF 28c. INJ	IURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED			
OF	fler this cath with	ВУ Р	1 Natural 5 Pending 2 Accident trivestigation	(Month, Day, Year)			YES 2 NO						
O	: After death		3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp		street, factory, offic	20	28f. LOCATION (Street City or Town, State		Rural Route Number,			
DIVISION	Off All LENDING PRISSULANT. DIRECTOR: After this certifications after death with the Statem 18 is marked, or it	TED	4 Homicide determined					5.1, 5. 15.11.1, 5.11.1	<u>, </u>				
6	DIRECT HOURS	PLE	29a. CERTIFIER CERTIFYING PHYS	CIAN: To the best of my kno	wiedge, death occur	red at the time, data	and place, and due	a to the cause(a) and ma	anner as stated.				
	FERAL TO THE TOTAL	COMPLET	onel	R: On the basia of examinati	on and/or investigat	lon, in my opinion, c	feath occured at the	time, data and place, a	ind dua to the co	ause(a) and menner as stated.			
	10 THE FUNERAL DIRECTOR AT THE FUNERAL DIRECTOR DE filed within 72 hours IMPORTANT; If Item		296. SIGNATURE AND TITLE OF CERTIFIE	R /			29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)			
i	MPO TH	BE	1/2	la Jam	une m	2	D 1718	1	> 4	7/25/90			
	- = 6 =	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Typ				•				
			BAL K. AGARWAL, 1	MD, 614-D, E	ASTERN S	HORE DR,	SALISBU	RY, MD 21	801				
	1+	iD	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE								
	(')	-	ern 2 6 '90	Sie Daures	ch hindre	•							

1+10

TO BE COMPLETED BY PHYSICIAN:

	2.60
	he notified at once.
removal.	edical examiner must b
cremation, or	rent, the me
prior to burial,	traumatic ex
9	1

	1 - STATE REGISTRAR	
	1. DECEDENT'S NAME (First,	
	John 1	2. Carre
	4. SOCIAL SECURITY NUME	DER 5. SE
	218-18	90/4 4
	9a. FACILITY NAME (If not in	stitution, give atreet and
5	Carroll Ca	nfy God
51	RESIDENCE OF DEC	EDENT
2	10a, STATE	10b. COUNTY
5	ME.	Carro
AL	10e. STREET AND NUMBER	4
BE COMPLETED BY FUNERAL DIRECTOR	5511 Dec	erlark
5	11. MARITAL STATUS	12. W
7	1 Never Married 2	III-
6	3 Widowed 4 Dive	rced
	15. DEC (Specify onl	EDENT'S EDUCATION y highest grade complete
4	Elementary/Secondary (0	
<u>F</u>	8	
Ö	17. FATHER'S NAME (First, M	37173
W W		JOHN
- 111		
0	19a. INFORMANT'S NAME (
2	III. COLLEGE COLLEGE	ROLL, JR.
5	JOHN R. CAR	ROLL, JR.
10	JOHN R. CAR	ROLL, JR.
10	JOHN R. CAR	ROLL, JR.
TO	JOHN R. CAR 20. METHOD OF DISPOSIT 1 Mouriel 2 Crematic 4 Donestion 5 Other 21. SIGNATURE OF FUNERA	PROLL, JR. ION 10 Removal fro (Specify) L SERVICE LICENSEE
TO	JOHN R. CAR 20. METHOD OF DISPOSIT Medical 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA	ROIL, JR.
ОТ	JOHN R. CAR 20. METHOD OF DISPOSIT 1 (Meuris) 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the description of the company of the comp	ROIL, JR.
OT	JOHN R. CAR 20a, METHOD OF DISPOSIT 1 Duriel 2 Crematic 4 Donetton 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fig.	ROIL, JR. ON On 3 Removal fro (Specify) L SERVICE LICENSEE Seeds, or complicate fellure. List on
TO	JOHN R. CAR 20e, METHOD OF DISPOSIT 1 (Meuris) 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the dishock, or h	ROIL, JR. ON On 3 Removal fro (Specify) L SERVICE LICENSEE Seeds, or complicate fellure. List on
TO	JOHN R. CAR 20. METHOD OF DISPOSIT Meyeriel 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA Donetion 5 Other 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fill disease or condition	ROIL, JR. ON On 3 Removal fro (Specify) L SERVICE LICENSEE Seeds, or complicate fellure. List on
ОТ	JOHN Re CAR 20e METHOD OF DISPOSIT 1 (Meuris) 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fid disease or condition resulting in death)	ROIL, JR. ION In 3 Removal from (Specify) IL SERVICE LICENSEE ISSESSES, or compliment fellure. List on the limit is a service of the licensee.
ОТ	JOHN R. CAR 20. METHOD OF DISPOSIT Mayoriel 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the dishock, or himmediate CAUSE (Firdisease or condition resulting in desth) Sequentially list condition in the condition of the con	IROIL, JR. ION ION ION ION ION ION ION IO
ОТ	JOHN R. CAR 20e, METHOD OF DISPOSIT Quite 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in desth) Sequentially list condit if any, leading to imme cause. Enter UNDERLY	ROIL, JR. ION In 3 Removal from (Specify) IL SERVICE LICENSEE Issesses, or compliment fellure. List of the complete of the
ОТ	JOHN R. CAR 20. METHOD OF DISPOSIT Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposition	ROIL, JR. ION ION ION ION ION ION ION IO
ОТ	JOHN Re CAR 20e METHOD OF DISPOSIT 1 Deniel 2 Crematic 4 Donetion 5 Other 21. SIGNATURE OF FUNERA 23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fird disease or condition resulting in desth) Sequentially list condition if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuince)	ROIL, JR. ION ION ION ION ION ION ION IO
ОТ	JOHN R. CAR 20. METHOD OF DISPOSIT Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposition	IROIL, JR. ION ION ION ION ION ION ION IO
ОТ	JOHN R. CAR 20. METHOD OF DISPOSIT Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposition	IROIL, JR. ION ION ION ION ION ION ION IO
MEDICAL CERTIFICATION TO	JOHN R. CAR 20. METHOD OF DISPOSIT Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposit Method of Disposition	IROIL, JR. ION ION ION ION ION ION ION IO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL	HYGIENE REG. NO.	5) (. 1013
1. DECEDENT'S NAME (First, Middle, Last) Tohn R. Car	// 0	02			2. DATE O	OF DEATH	YE		TIME OF DEATH
					9	25	9	O	0750 AM
	SEX 8. AGE (UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O	Pay, Year)	d. 6. 8	Country)	CE (State or Foreign
9a. FACILITY NAME (If not institution, give atreet	`	10	CITY, TOWN O	R LOCATION OF DE	ATH 4	25/1	9c. COUNTY		RYLAND
Carroll County 6	everal Kas	petel	West	minste	21		Cer	rol	//
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			OWN OR LOCAT	ION				100	I, INSIDE CITY
MD. Car	roll	Re	ester	c/ow4				1 [LIMITS?
100. STREET AND NUMBER	10			ZIP CODE	-		10g. CITIZEN	OF WHAT	
5511 Deer Park				2//3:					
11. MARITAL STATUS 1 Naver Married 2 Married	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPAN helfy Cuban, Maxica 2 X NO Specify	n, Puerto R			Black, WI	
3 Widowed 4 Divorced		to 1939	1 123	ZA NO Specin	,. 			V	HITE
15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo	oN at of working	16b.	KIND OF BUSI	NESS/INDUST	RY	
Elementary/Secondary (0-12)	ollege (1-4 or 5+)		ENGINEE	er.	S!	TATE O	f MARY	LANI	
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, M	liddle, Maiden Si	umama)		
	N T. CARROL					GNES M			
19a. INFORMANT'S NAME (Type/Print) JOHN R. CARROLL, J.	D			nd Number or Rural I					20646
200, METHOD OF DISPOSITION	206	PLACE OF DISPOSITION			DANE		TION — City		
1 Nouriel 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State	other place)		CEMETER	RY	PIK	ESVILI	E, I	D.
21. SIGNATURE OF FUNERAL SERVICE LICENT	H Re	1	22. NAME A	ID AOORESS OF FA	CILITY E	CKHARD'	r Fune	CRAL	CHAPEL
R Lany /	iskline	iale							21117
23. PART I. Enter the diseases, or comshock, or heart fellure. List	plicetions that cause only one ceuse on e	the deeth. Do not sch line.	enter the mo	de of dying, suc	h es cerd	iec or reapin	tory arrest	,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition	Para	1							Onset and Death
resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF:						4DAG.	
		METI	45TAS	ES					2MO.
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):							
cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated evente	DUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST									
PART II. Other algnificent conditions of	ontributing to deeth b	ut not resulting in t	he underlyin	g cause given in	Part I.	24s. WAS AN A		24b. WE	RE AUTOPSY FINDINGS
					_	PERFORM		CO	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?
					[-		□ YES 2 KHO
	OSPITAL:		THER:	ACE OF OEATH (CA					
1 YES 2 NO 27. MANNER OF DEATH	Inpatient 2 ER/Out	26b. TIME O	F 28c. IN.	URY AT	_	(Specify) CRIBE HOW IN	JURY OCCUR	ED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO					
3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe-	— At home, ferm, stre	et, factory, offic	4		ATION (Street ar	d Number or i	Rural Rout	Number,
4 Homicide determined									
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:								euse(a) an	nd manner se stated.
296, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER		29d. DATE S		onthy-Day, Year)
(horman Hold	Ester			D263	85			25	190.
111	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pro	(m)	el Ctr.	1.2	zitni	uste	1.	0212
Norman (Co/Ostel	32. REGISTRAR'S SIGN		771.1-1	~ 4,1		-01-11	,	/ (-1157
SFP 26 '90	Lelia Kai	D							

91000 1:

	24 hours	filled in
WISION OF THE PERSON I. O. DON 1914,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	NECTOR: After this partificate has been signed by the attending physician and completely filled in
	ficate be	ohvsician
	leath certi	affending
	that the c	d hy the
1100	requires	ann sinne
7	The law	ate has h
	HYSICIAN	ile rartific
5	NDING P	R. Aftar th
2	A ATTE	MECTI

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	VO.				
	1. DECEDENT'S NAME (First, Middle, Lest) RITA C. C/C	UTIER				2. DATE OF DEATH	DAY 7 -	YEAR 3. TO	ME OF DEATH		
æ	4. SOCIAL SECURITY NUMBER 5. S 020-16-1813 9a. FACILITY NAME (If not institution, give street at AAMAE ARVINE MEL	M 2 DE	2 YRS. MO	UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN. DR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Yea 10 - 26 ATH	-17	Country)	E (State or Foreign		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	ACH CENT	7	OWN OR LOCA	TION			10d.	INSIDE CITY		
	MD Anne Ar	undel	Loth				,	1 🗆	YES X NO		
FUNERAL	118 Konrad Morga	n Way		10	20711		10g. CIT	USA	DOUNTRY?		
ВУ	1 Never Married 2 S Married	WAS DECEDENT EVER IN FORCES? 1 _ YES F YES, GIVE WAR OR DA	2X NO	If yes, sp	ENDENT OF HISPAN secify Cuban, Mexical X NO Specify	n, Puerto Rican, etc.		Specify:	merican Indian, ta, atc. Thite		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade compo	leted)	16a. DECEDENT'S USA (Give kind of work life. Do NOT use re	UAL OCCUPATI done during metired.)	ON ost of working	16b, KIND OF	BUSINESS/INC	DUSTRY	- Caroli		
COMPLETED	Elementary/Secondary (0-12) Col	liege (1-4 or 5+)	Seamtre			Ma	anufac	cturin	ıg		
BE CON	17. FATHER'S NAME (First, Middle, Last) Henry Doucette					ME (First, Middle, Ma Valle					
TO B	Joseph W. Clouti	.er		oness (Street	and Number or Rural F Morga	n Way,			ID 20711		
	20s, METHOD OF DISPOSITION 1 IX Burlet 2 Cremetion 3 Removat f		PLACE OF DISPOSITION other place)					City or Town, 9			
	4 Donation 5 Other (News): 21. SIGNATURE CE FUNERAL SERVICE LICENSE		acred H	Hare	Cemeter ND ADDRESS OF FAM Lesty Fu Logely A	ineral E	Home I	P.A.			
ATION	shock, or heert fellure. Liet only one ceuse on each line. Interval Between Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury thet initiated events Due to (or as a consequence of): resulting in death) LAST										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO						FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE			
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF OEATH (Ch	eck only one)					
SIC	EXAMINER? 1 YES 2 NO 10	SPITAL: Inpetient 2 ER/Outp		THER:	ne 5 🗆 Residence	8 Other (Specify)					
	27. MANNER OF DEATH 1/2 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y W	JURY AT ORK?	28d, OEŞCRIBE H	OW INJURY OC	CURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined detarmined 4 Homicide detarmined							or or Rural Route	Number,		
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN:	: To the best of my knowl							manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER		TE SIGNED (Mor			
TO BE	30. NAME AND ADDRESS OF PERSON WHO CO	NSER CUL	E MD	int l	DOXI	18	•	9/2719	70		
	31. DATE FILED (Month, STEXP) 28 19	-51, FRA	UKLIN S	7 1	ANNMO	115 m	0 21	4101			
	31. DATE FILED (Month, Sat 744) 28	13 Hardarhan Short	AND TONGO	6							

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6, BALTIMORE, MARYLAND 21203-3146	10 THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. I he fined within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1314	executed	n and con to burial,	ımatic e
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	tificate be	g physicia ene prior	ther trau
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31. OATE FILEO (Month, Day, Year)

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO OECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH Sept. 25, 1990 600 P Frank J. Cisco 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 SM 2 - F 83 VBS 074-14-0863 March 23 907 New York 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1300 Dorchester Street Pocomoke Worcester RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Maryland
100. STREET AND NUMBER Worcester Pocomoke 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f ZIP CODE 21851 USA 1300 Dorchester Street 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, atc. FORCES? TYPES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 25 Married ВҰ 3 Widowed 4 Divorced WW 2 white 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Post Office 10 Postal Clerk 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) (Unknown) (Unknown) BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Jacqueline 9 Marie Therese 300 Dorchester Street, Pocomoke, Md.21851 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State Burial 2 Cremation 3 🗆 Ra 4 Donation 5 Other (Specify) Salisbury Salisbury, Crematory 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MELSON FUNERAL HOME 5045. mels P. O. Box 64, Pocomoke, Md. 21851 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition ULMUNARY 4R(resulting in deeth) LOMTH HEART FAILURE CONGESTIVE PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF) CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 ND Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 Residence 6 🗆 Other (Specify) 4 I Nurs 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE DF INJURY -- At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29s. CERTIFIER
(Check only one)

29 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of axamir flon and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 25 D 0 30. NAME, AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SAN LANO 00

32. REGISTRAR'S SIGNATURE

Silia Davidson-Randall

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages moval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	GISTRAR		CE	RTIFIC	CATE O	DEATH	REG. N	10.			
1. DECE	OENT'S NAME (First, Middle, Last) William	Smythe	Cooney	Jr.			2. DATE OF DEATH	DAY Z	90	3. TIME OF DEATH	
	AL SECURITY NUMBER		6. AGE (In yrs. les.	l birthday)	IF UNDER 1 YEAR KONTHS DAYS	HOURE MIN.	7. OATE OF BIRTH (Month, Day, Year) 4-20-1	917	Counti	PLACE (State or Foreign	
Car	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Carroll County Gen. Hospital Westminster Carroll										
10a. STA	TE 10b. COUNT	Y		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?	
Ma	ryland Ca	rroll		W	estmi	nster				1 X YES 2 NO	
	91 South Ce		reet			01. ZIP CODE 21157		10g. CIT	U.S	• A •	
1 🗆 No	ITAL STATUS ver Married 2 Married idowed 4 Divorced	IF YES, GIVE W	YES 2 N	MED (O	If yes,	CENDENT OF HISPAI specify Cuben, Mexica S 2 NO Specif	n, Puerto Rican, etc.)	Yea or No-	14. RACI Black Spec	k, white, etc. White	
Elen	15. DECEDENT'S EDU (Specify only highest grade nentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Gi	CEDENT'S U live kind of wo Do NOT use Hors		FION nost of working	16b. KIND OF	orses			
17. FATH	ER'S NAME (First, Middle, Last)				J.1100.11	18. MOTHER'S NA	ME (First, Middle, Mei				
Wi	lliam S. Co	oney Sr				Ruth	P. Her	bert			
10.144.154.55	ormant's name (Type/Print) ty K. Littl	е				ot Lane				7331	
M Bu	THOD OF DISPOSITION	oval from State	20b. PLACE	OF DISPOSIT	TION (Name of	semetery, crematory or	20c.	LOCATION -	City or To	own, State	
	nation 6 Other (Specify)	CENSEE	Trver	greer	22. NAME	rial Ga	CILITY				
•	Nany X.	Fletcher	7		Thor 254	as D. F East Ma	letcher in St.	& Sc Westn	n F	H. 21157	
Seque if any, cause.	onte CAUSE (Final le or condition ing in death) Intiality list conditions, leading to immediate Enter UNDERLYING (Disease or injury littated eventaing in death) LAST	a CO HIG	OR AS A CONSE	DUENCE OF		Card	lo Vase	leon	n	Onset and Death	
PART	II. Other significant condition	ns contributing to	death but not i	resulting in	the underly	ing cause given in	PER	AN AUTOPSY FORMED?	240	WERE AUTOPSY FINDINGS AMALABLE PROOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS	CASE REFERRED TO MEDICAL				24.	PLACE OF DEATH (C)	neck only one!				
EXA	MINER?	HOSPITAL:	CET/Outpatient 3	AGO DI	OTHER:	ome 5 🗆 Residence	and the same of th				
27. MAN	Netural 5 Pending	25a, DATE OF (Month, De	MUUMY	26b. TIME INJU	OF 38c.	NJURY AT WORK?	28d. DESCRIBE HO	W INJURY O	CCURED		
>□	Accident Investigation Suicide 6 Could not be determined	28e. PLACE Of building.	F INJURY — At he etc. (Specify)	ome, farm, st	reet, factory, o	fice	28f, LOCATION (Str City or Town, S	net and Numbe trin)	er or Runei	Floude Mumber;	
	and the same	ICIAN: 36 the best of								x) and manner as stated.	
29h. 530	HAPTINE AND TITLE OF CENTIFIE	XI	5	/		SEC LICENSE NU	MINER .	29d. DA	TE SIGNED	Month, Day Red	
30, NATA	AR AND ADDRESS OF PERSON W	TOUCH CHIE	OF BEATH ST	M 27) /7mm	nodi /	W037	05	12	405	20190	
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FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shawere in	leath	F. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified of any
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were as the burial-transit permit. Pages 1, 2, 3 should,

	FOR STATE OF MARY 1 - STATE REGISTRAR	LAND / DEPARTM CERTIFIC	ENT OF HEALTH		TAL HYGIENE REG. NO.	90	27523			
	1. DECEDENT'S NAME (First, Middle, Lest) Hele	n Beatrice	Demarco		TE OF DEATH	Y YE	3. TIME OF DEATH			
	HELEN DEM	ARCO		Ser	ot. 13,	1,990) 4:11 P M			
		MO	UNDER 1 YEAR IF UNDE	MIN. (M	TE OF BIRTH onth, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give street and number)	10	. CITY, TOWN OR LOCAT		b. 18, 1	920 F	Pennsylvania			
DIRECTOR	HOLY CROSS HOSPI		Silver Sp				gomery			
REC	10a. STATE 10b. COUNTY	10c, CITY, TO	OWN OR LOCATION				10d. INSIDE CITY LIMITS?			
	Maryland Montgomery	Silve	er Spring				☐ YES 2 X NO			
R.	10s. STREET AND NUMBER		101. ZIP COI	3.77			OF WHAT COUNTRY?			
FUNERAL	2700 Barker Street 11. MARITAL STATUS 12. WAS DECEDENT EVER	IN 11 S ADMED	2091		GIN2 (Specify Voc		ed States RACE - American Indian,			
	1 Never Married 2 Married FORCES? 1 TYE	S 2 NO	If yes, specify Cub	ben, Maxican, Puai		OF 140-	Black, White, etc. Specify:			
B	3XXWidowed 4 Divorced		To rear SX	о ориону.			White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USE (Give kind of work	done during most of work	king	166. KIND OF BUS	INESS/INDUST	TRY			
E	Elementary/Secondary (0-12) College (1-4 or 5+)	Hite. Do NOT use re			Uool th	Cama				
ME	17. FATHER'S NAME (First, Middle, Last)	Nurses A		THER'S NAME (Fin	Health					
	Unavailable		1 1	availab						
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Numb	per or Rural Route N	lumber, City or Town	n, State, Zip Coo	de)			
5	Gerald E. Wisneski	Route 2	2, Box 334	, Falli	ng Water	s, WV	25419			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🕱 Cremation 3 □ Removal from State	0b. PLACE OF DISPOSITION Other place)	ON (Name of cemetery, cri	ematory or			or Town, State			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Subi	ırban Crem			ver Sp	oring, MD			
!	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Rapp Fun			P.A.				
_	Bulli-B. Eld	M00827	933 Gist				MD 20910			
	 PART I. Enter the diseases, or complications that caus shock, or haert fellure. List only one cause on 		antar tha moda of d	lying, such as o	cerdiac or respi	retory srrest	, Approximats Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition	- 1		A	L		Onset and Death			
ŀ	resulting in death) s. Carelling TO (OR AS	A CONSEQUENCE OF	IOWARY	HV	reg t					
-	disease or condition resulting in death) s. Carcles Pulmonary Avres t Due to (OR AS A CONSEQUENCE OF): Artero Scienofic Neart Disease b. Artero Scienofic Neart Disease									
10	Sequentielly list conditions, If any, leading to immediate									
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury		No. 10							
	that Initiated events resulting in death) LAST	A CONSEQUENCE OF):								
CERTIFICATION	d									
AL	PART II. Other significant conditions contributing to death	but not resulting in t	ha underlying ceuse	given in Part	. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
DIC					1 TYES 2	CHO	OF DEATH?			
ME							1 🗆 YES 2 🗆 NO			
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		24 81 405 05	DEATH (Check on	As a mail		N/A			
Sici	EXAMINER? 1 VES 2 NO 1 Inputant 2 PER/O		THER:	DEATH (Check on						
H	27. MANNER OF DEATH 28s. DATE OF INJUR	Y 28b. TIME C	F 28c. INJURY AT		DESCRIBE HOW I	NJURY OCCUR	RED			
ВУ Р	1 Netural 5 Pending (Month, Dey Year	njur		□ NO	NI	1				
	3 Suicide 6 Could not be	RY — At home, farm, stre	et, factory, office		LOCATION (Street I	and Number or	Rural Route Number,			
ETE	4 Homicide detarmined	A			N	IA				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occurred	ot the time, data and pla	ice, and due to the	cause(s) and mar	nner as stated.				
ő	2 MEDICAL EXAMINER: On the basis of axamina	tion and/or investigation,	n my opinion, death occ	cured at the time,	data and place, an	d dua to the c	ause(a) and menner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER		29c. Li	ICENSE NUMBER	2	29d. DATE S	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (See 2	int	0 144	24	7	-17-70			
	LAWRENCE A. Clifier	1500	o Forest	9100	Ry.	Siliver	Spry un			
	31. DATE FILED (Month, Day, Your) SFP 22 90 Julia Jan	Marine Randole								
	OFI THE OF	s-drawdA Charles								

STANDARD TO THE STANDARD

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be an activity to the form and t	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at an	
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32. REGISTRAR'S SIGNATURE
JUNA DAYANA

Randell.

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	1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT ERTIFICATE			MENTAL HYGIEN		90	27524		
	1. DECEDENT'S NAME (First, Middle, Last)	FREDERICK	2. DATE OF DEATH 8 T 90 YEAR 3. TIME OF								
	4. SOCIAL SECURITY NUMBER 2249-01F06544	8. AGE (In yrs. In	YRS. IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH	6 6	Country)	yland		
TOR	ALICE Manor Nur ALICE Manor Nur ALICE MEDICAL NUR	sing Home H	one st. cgy	a West	LITTO F DE	City alc	9c. COU	NTY OF DEAT	TH		
DIRECTOR	Marty and 106. COUNTY	ntgomery	10c. CITY, TOWN O						M. INSIDE CITY LIMITS? X YES 2 \(\backsquare \) NO		
FUNERAL	100. STREET AND NUMBER 807 N. Stonestr				ZIP CODE 20850		10g. CIT	USA	T COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AFFORCES? 1 1 YES 2 2 IF YES, GIVE WAR OR DATES	NO	if yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No—	Black, V	American Indian, Vhite, atc. lack		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12) 5th	college (1-4 or 5+)	ECEDENT'S USUAL O Sive Idnd of work done a. Do NOT use retired.) lastere	during mos		16b. KIND OF BU	ISINESS/INI	DUSTRY			
BE CO	17. FATHER'S NAME (First, Middle, Last) Frederick Dors	ey				ME (First, Middle, Meide lotte Ha					
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Morris Randolph (Son) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21201 Big Woods Rd., Dickerson, MD 20842										
	20a. METHOD OF DISPOSITION 1/2 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Martinsburg, MD										
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850										
	23. PART I. Enter the diseases, or co ahock, or hear/failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	cardio_	a.						Approximate Interval Between Onset and Daath		
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Cardio Pulmonary arest Due to (OR AS A CONSEQUENCE OF): Onset and Death Onset and Death Onset and Death										
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:		HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA 4 Nu	R:	ACE OF DEATH (Ch	eck only one) 6 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO						CCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	iome, farm, street, fac	tory, offic		28f. LOCATION (Stree City or Town, Stell		er or Rural Roo	rte Number,		
COMPLETED	one)	AN: To the best of my knowledge, on the basis of examination and/or							and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	radossr	no.		29c LICENSE NU	MBER 746	29d. DA	TE SIGNED (A	Aonth Pay, Year) 8190		

mit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or an THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FUNERAL DIRECTOR

BY

COMPLETED

BE 2

FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPAR ERTIFI	TMENT O	F HEALTI	AND	MENTAL HYGIEN REG. NO	-	90	27525
1. DECEDENT'S NAME (Fire	st, Middle, Last)							2. DATE OF DEATH		YEAR	3. TIME OF DEATH
		Harry 1	Mitchell	Day	vis			9 16		90	11:45 AM M
4. SOCIAL SECURITY NUM	IBER	6. SEX	6. AGE (In yrs. la			7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign		
577-18-2714		1 🖾 M 2 🗆 F	77	YRS.	MONTHS DA	HOURS	MIN.	(Month, Day, Year) 0.7 12 1	.3	Vir	m ginia
9s. FACILITY NAME (If not		street and number)			9b. CITY, TO	WN OR LOCA	TION OF D	EATH	9c. COL	NTY OF D	
Bradford	Oaks	Nursing H	Iome		C1:	inton				P.G	
RESIDENCE OF DE	10b. COUN	TV		140: 000	, TOWN OR L	CONTION					14.1 11.000
Maryland		ce George	's		Clinto						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 7002 V		o Lane				10f. ZIP CO	DE 20735	,		U.S.	WHAT COUNTRY? A.
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Yes 2 NO IF YES CIVE WAR OR DATES			RMED NO	If ye	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: Caucasian			k, White, etc. lly:			
15, DE	CEDENT'S ED	UCATION			USUAL OCCU		PATION 16b. KIND OF BUSINESS/INDUSTRY				
Elementary/Secondary (0-12) College (1-4 or 5+) If a Do NOT			. Do NOT us	Tile/			tor Ma	sonr	v		
17. FATHER'S NAME (First,	Middle, Last)					16. MC	THER'S NA	ME (First, Middle, Maiden	Surname)	2	
Clift	on Lyr	n Davis						rtha Ann S			
19e. INFORMANT'S NAME	(Type/Print)		19	b. MAILING	ADDRESS (SI	reet and Numb	er or Rural	Route Number, City or Tow	n, State, Zi	p Code)	
Sharon J.	Alama	eres		12904	4 Whea	tland	Way	Brandywine	, Md	206	13
20s. METHOD OF DISPOSITION 20			206. PLACE Ft. other f	OF DISPOS	ition (Name In Cem	of cometery, cr etery	emetory or			od M	

IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Clinton Maryland 20735
t siter the mode of dying, such as cardisc or respiratory arrest,
bleeding due to
pema due to
relocatio Pouleung

22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.

6633 Old Alexander Ferry Rd

resulting in death) LAST	d		
PART II. Other algnificant of	onditions contributing to death	but not resulting in the underlyi	ng cause given in Part I.

PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	1 T VEC 2 T NO

Approximate interval Between Onset and Death

5.			RRED TO	MEDICAL
	EXAMI	VER?	NO	

		E OF DEATH (Ch	
DOA	OTHER: 4 Nursing Home	5 Residence	6 Other (Specify)

. MANNER	OF DE	NTH	
1 Netu	rel	6	Pending
2 Acci	dent		Investigatio
a [] a			

HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		HER: Nursing Home 5 - Residence	6 Other (Specify)	
28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	

3	Suicide	6 Could not b	10
4	Homicide	determined	

8e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.
one)	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause

1	2 MEDICAL EXAMINER: On the basic of examination and/or	Investi	igation, in my opinion, o	leath occured at the time, date and place,	, end due to the cause(e) and manner as stated.
Sight	ATURE AND TITLE OF CERTIFIER	1	II adiio	290 LICENSE NUMBER	29d. DATE SIGNED (Month, Clinc War)

11001		00-1	- /	1. 1.	11101
MAME AND AD	DRESS OF PERSO	N WHO COMP	LETED CAUSE O	F DEATH (TEN	1 27) (Type, Print
1 ANDA	: B. O	1.11	-7-7	11-1	11:001
LAXM	1 17210	WIT	1100	DIA	12/9/

SEP 2 0 90

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Sairdson-Randell

of a nome or attending physician.	u be office at the use as the burial-transit permit. Pages 1, 2, 3 shoules)	d at once.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be reit	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 med	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M IMPORTANT: If II FUNERAL 1 within 72 h

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH September 10 1990 Alveeda DYKE 8:15 AM 4. SOCIAL SECURITY NUMBER 5. SFX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 1927 New B. BIRTHPLACE (State or Foreign 152-22-1401 MONTHS DAYS HOURS 1 M 2 X F YRS. April 19 63 Jersey 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF CEATH 95 CITY TOWN OR LOCATION OF DEATH AMI DRS' HOSPITAL OF PG COUNTY DIRECTOR Lanham Prince George RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Maryland Peince George's 1 YES 2 XNO Lanham FUNERAL 10e. STREET AND NUMBER 101. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 3203 Reed Street #2832 20706 United States 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 XNO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 Married 1 YES 2 X NO Specify: Specify: BY 3℃ Widowed 4 □ Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5 +) 2th Grade None N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Bessie Brown Herbert S. Smith. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Diane Snowden 3203 Reed Street, Lanham, Maryland 28a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 28a. METHOD OF DISPOSITION
1 □PBurlal 2 □ Cremation 3 □ Rem
4 □ Donation 6 □ Other (Specify) _____ Harmony Memorial Park Landover, Maryland 21. SIGNATURE OF JUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Stewart Funeral Home orm 4001 Benning Road, N.E. Wash. D.C. TIT Lary 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition Onset and Death CARDIAL ARREST reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): ARRYTHMIA ARDIAC CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE RENAL FAILURE CHRONIC 1 TES 2 NO OF DEATH? HYPERTENSION 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Homa 5 Residence 6 Other (Specify) tient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED Natural 5 Pending М 1 YES 2 NO BY Accident Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TUTLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE A - Smath 9.10-90 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AJAY DAShottAR HANOVET 7207 32 REGISTRAB'S SIGNATURE
Julia Davidson-Randall SEP 1 7 90

1187

1 1

DIRECTOR

FUNERAL

BY

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transit permit. Pages 1, 2, 3 should

BOX 13146, DIVISION OF VITAL RECORDS,

BALTIMORE, MARYLAND examiner medical shock, or heart fellure. List only one ceuse on each line. 0 IMMEDIATE CAUSE (Final Arrest signed by the attending physician and completely fille Health and Mental Hygiene prior to bunal, cremation, the disease or condition executed within resulting in deeth) event, DUE TO (OR AS A CONSEQUENCE OF) neumonia traumatic CERTIFICATION Sequentielly let conditions, if any, leading to immediate cause. Enter to DERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) certificate be other t DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 6 requires that the death injury. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL Verasis shows any Cervial t, of H PHYSICIAN: this certificate has be with the State Dept. OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 4 Nursing No 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 10 27. MANNER OF DEATH 28a DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? marked. n.A. 1 Natural 5 Pending 1 YES 2 NO After t BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide .00 9 8 Could not be FUNERAL DIRECTOR: vithin 72 hours after o 4 Nomicide dalarmined 28 COMPLET Hem 29a. CERTIFIER HOSPITAL = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT. II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Vario 15939 2 Dr. David Schaekter 7525 Greenway Ct Suite 212 Greenbelt, iid 31. DATE FILED (Month, Day, Year)

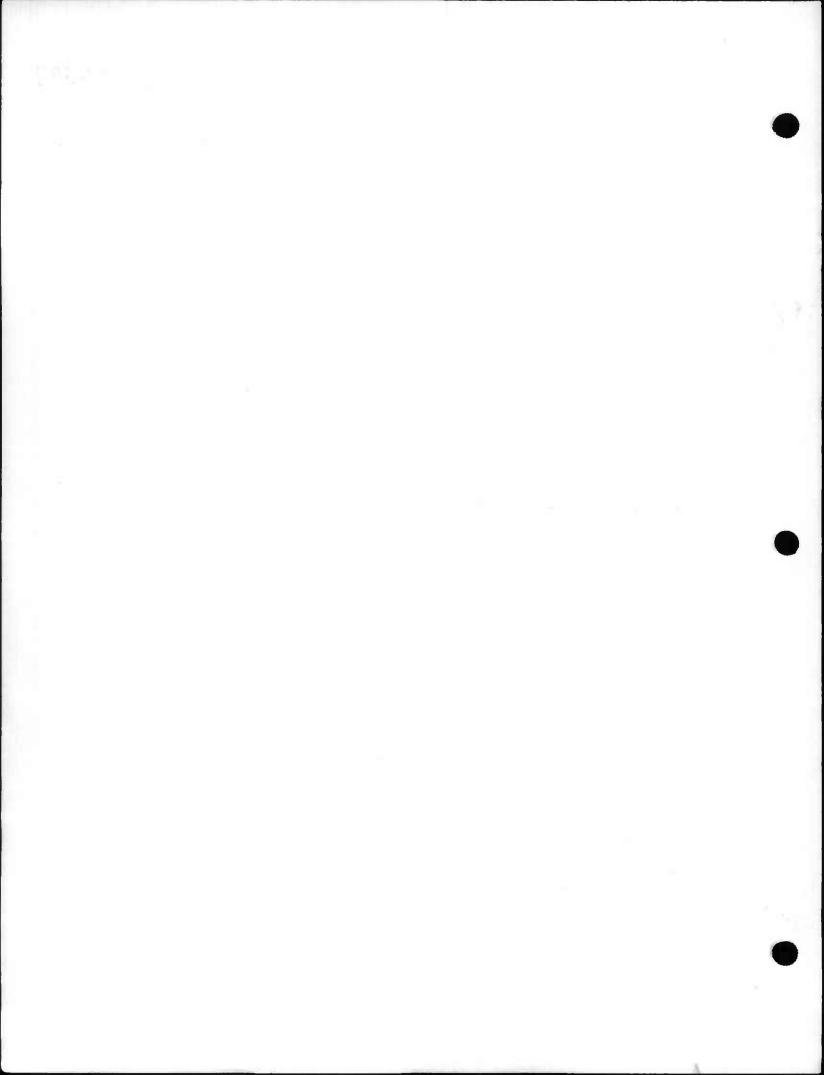
CFD 1 9 '90 32. REGISTRAR'S SIGNATURE Pulia Davidson-Randall

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RAYMONO

4. SOCIAL SECURITY JUMBER 18 0 7. DATE OF BIRTH 1 1 -25-10 5. SEX 6. AGE (in yrs. last birthday) 8. BIRTHPLACE (State IF UNDER 1 YEAR IF UNDER 24 HRS. DAVS HOURS Wisconsin WXM2 DF 79 387-01-8518 9c. COUNTY OF DEATN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Prince George Greenbelt Nursing Center Greenbelt RESIDENCE OF DECEDENT 10d. INSIDE CITY
V LIMITS?
1 11 YES 2 NO 10c. CITY, TOWN OR LOCATION Maryland Prince George Greenbelt 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20770 110 Lakeside Drive USA 12. WAS DECEDENT EVER IN U.S. ASMED 11, MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. Specify: White If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES ₩ Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) Collage (1-4 or 5+) Factory Worker 10 0 Factory 17 FATHER'S NAME (First, Middle, Lost) Charles Dies 16, MOTNER'S NAME (First, Middle, Maiden Surreme) Anna Hertons 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Robert Dies 110 Lakeside Drive Greenbelt, Maryland 20770 20a. METHOD OF DISPOSITION
1 ☐ Burlai 2 ⚠ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Balltimore-Washington Crematory Laurel, Maryland 4 ☐ Donalion 5 ☐ Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICENSE 7601 Sandy Spring Rd. Laurel, Maryland 20707 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate interval Between Onset and Death 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO me 5 - Rasidence 8 - Other (Specify) 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 29d. DATE SIGNED (Month, Gey, Year)





DHMH-18 Rav 1/89

BALTIMORE, MARYLAND 2120;

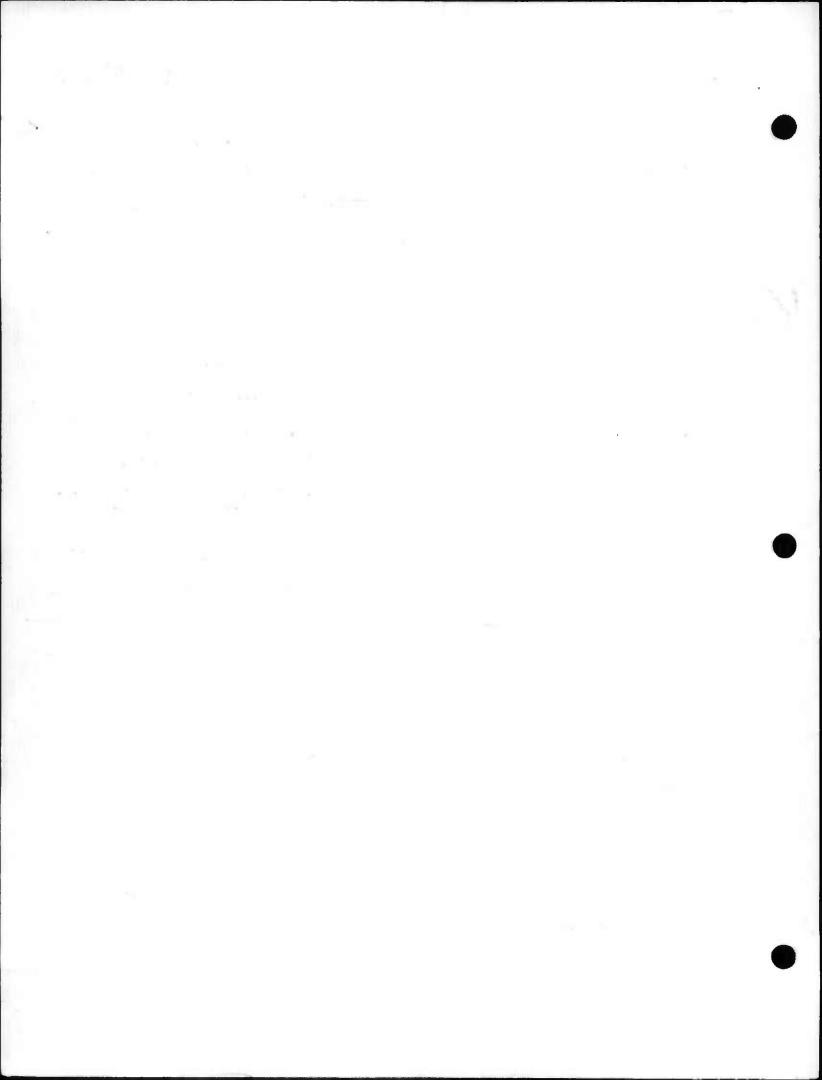
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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or remova	event, the medical exami	
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2 hours after death with the State Dept. of Health and Mental rigglene prior to burial, cremation, of ref	umatic	
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Dours	Item	
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IMPORTANT:

	1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEAT	Ή	F	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		-	_				2. DATE OF				3. TIME OF DEA	Н
	Helen (NMN)	Davis						Sept.	. 21,	199	RABY	6:35	ZM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEA	R IF UNDER	24 HRS.	7. DATE OF	BIRTH		A. BIRTH	IPLACE (State or F	reign
	219-30-7890	1 🗆 M 2 🔀 F	61	YRS.	MONTHS DAY	8 NOURE	MIN.	May 5		29	Countr		oi o
	9e. FACILITY NAME (If not institution, give		OT		OF CITY TON	N OR LOCATIO	N OF DE), IS	_	INTY OF D	t Virgi	ша
œ		,						AITI					
2	314 Bynum Ridge	Road			Fore	st Hil	Τ			На	rfor	<u>d</u>	
DIRECTOR	100. STATE 10b. COUNT	TY	-	10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT	
E	Maryland Har	ford			rest H							LIMITS?	NO.
	100. STREET AND NUMBER	LOLG		FC	rest u	10f, ZIP CODE				100 CIT	TIZEN OF Y	WHAT COUNTRY?	
A B	100 100 100 100 100 100 100 100 100 100	- D3										MINI COCKTINI	
FUNERAL	314 Bynum Ridge		NT EVER IN U.S. ARI	100	40.1/00	Z I V	050		44 . W		USA		
5	1 Never Merried 2 Merried	FORCES?	1 YES 2 X N		If yes	specify Cuber	, Mexica	n, Puerto Rica		or No-	Black	E — Americen Ind k, White, atc.	en,
BY	3 X Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		10	rES 2 📉 NO	Specify	<i>'</i> :			Speci	" White	
	15, DECEDENT'S ED	IICATION	16a DEC	CEDENT'S	USUAL OCCUP	ATION		165 KH	ND OF BUS	SINESS/IN	OUSTRY		
12	(Specify only highest grad	le completed)	(Gh	ve kind of	work done during se retired.)	most of working	9	100.101		SHILL OO THE			
2	Elementary/Secondary (0-12)	College (1-4 or 5		mema	kor								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	IIICIIIO	WET	40 140714	EO'C NA	ME (First, Midd	the Aferican	Cuma ma)			_
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BE		ams_	L				ssie			Mull			_
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Str							1050	
	W. Jean Stephens	on .			synum R			rorest	7				
	20e, METHOD OF DISPOSITION 1 1	moval from State	other pla	rce)	SITION (Name o		-				City or To		
	4 Donation 5 Other (Specify)		- Ber A	ar M	emoria				Bel	Alr	, Md		
	21. SIONATURE OF FUNERAL SERVICE L	10ENSEE				AND ADDRES			TT E	tinor	al H	iome, P.	Δ
	Hollore 17	1Uelo	MOD	127	131	7 Cokes	sbur	v Rd.	Abi	nado	n. M	d. 2100	9
	23. PART I. Enter the diaeasea, or											Approxim	ate
	ahock, or heert feliure IMMEDIATE CAUSE (Final	. List only one ce	use on each ilne		0			0				Interval E	
	IMMEDIATE GAOSE (FINE)												d neath
	disease Dr condition	(	AR.O	D	Pall in	101 CL	11		Ma	1		Mu	WJ.
	disease or condition reaulting in death)	a. DUE TO	ARO L	D DUENCE C		nona	4	·	Ma	1		Mu	ws
7		a. DUE TO	AROLL THOR AS A CONSECUTION	D VOUENCE O		rona	BR	<u>W</u>	NO	7		Mu	W)
NOI	reaulting in death)  Sequentially list conditions,	b	Vonm	DUENCE C	ela.	nona	BR	ina	NON	7		Mu	NJ.
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	Vonm	w	ela.	nona	BR	CU LILLA LANA	10 h	1		mu Ye	W T
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	Vonm	W DUENCE O	ella CC	nona Edudic	BR	in A	NON THE	1		mu Ye	WS TO
HTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	V SAM LS CM	W DUENCE O	ella CC	nona udic	BR	JOPA	non The	D Sau	0	mu Yea	3
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	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	ela Legio Ca JA	udic VEU	BR	JOPA Part I. 24	DIA DIA NAS AN PERFOI		244	YOU YOU YOU ANALABLE PRIOR	Thomas in
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	ela Legio Ca JA	udic VEU	BR			RMED?	246		Thomas in
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	ela Legio Ca JA	udic VEU	BR		PERFOR	RMED?	24t	AVAILABLE PRIOR	This is the same of the same o
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	ela Legio Ca JA	udic VEU	BR		PERFOR	RMED?	244	AVAILABLE PRIOR COMPLETION OF OF DEATH?	This is the same of the same o
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are sequentially in the conditions of the conditions	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	in the underl	udic VEU	My M	_   1	PERFOR	RMED?	248	AVAILABLE PRIOR COMPLETION OF OF DEATH?	This is the same of the same o
MEDICAL	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa recuiting in deeth) LAST	b. DUE TO	O OR AS A CONSECUTION	DUENCE C	PF):  CC  In the under	MEU Ving couse g	JIVEN IN	neck only one)	PERFOI	RMED?	24t	AVAILABLE PRIOR COMPLETION OF OF DEATH?	This is the same of the same o
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ED BY PHYSICIAN: MEDICAL	PART iI. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NQ  27. MANNER OF DEATH  Accident  3 Suicide  6 Could not b.	DUE TO  DOE TO	o death but not no death but not no death but not no death but not no per large state of injury — Al hog, etc. (Specify)	DUENCE C	OF):  In the under  OTHER: 4   Nursing  ME OF JURY M   1  atreet, factory,	ying ceuse g	given in  EATH (Ch	6 Other (S 28d. DESCR	PERFOI  YES 2  Specify)  ON (Street flown, State)	RMED?  INJURY OF	CCUREO er or Rural	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	This is the same of the same o
ED BY PHYSICIAN: MEDICAL	PART II. Other eignificent conditions  Examiner?  1 Yes 2 No. 27. Manner of Death  Natural 5 Pending  21. Manner of Death  1 Natural 5 Pending  22. Manner of Death  1 Natural 5 Could not be determined	DUE TO  d.  Done contributing to  HOSPITAL: 1   Inpetion 2 28e. DATE 0 (Month, 28e. PLACE building	D RAS A CONSECUTION AS A CONSECUTION OF INJURY Day, Veer)  OF INJURY — Al ho, atc. (Specify)	DUENCE C	PF):  COPF):  In the underly  OTHER:  4   Nursing  ME OF 28c  JURY M 1  atreet, factory,	ying ceuse g	EATH (Cheldence No	6 Other (S 28d, OESCR 28f, LOCATE City or 1	PERFOI  YES 2  Specify)  BIBE HOW I	INJURY Of	er or Rural	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   Route Number,	SINDINGS TO CAUSE NO
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other eignificent conditions are successful to the conditions of the conditions o	DOE TO  DOE TO	D RAS A CONSECUTION AS A CONSECUTION OF INJURY Day, Veer)  OF INJURY — Al ho, atc. (Specify)	DUENCE C	PF):  COPF):  In the underly  OTHER:  4   Nursing  ME OF 28c  JURY M 1  atreet, factory,	ying ceuse g	piven in  EATH (Ch eddence NO	8 Other (S 28d. OESCR 28f. LOCATI City or 1	PERFOI  YES 2  Specify)  BIBE HOW I	RMED?  INJURY Of end Number in each of the individual in incident	ccureo er or Rural ated.	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   Route Number,	PINDINGS ITO CAUSE NO
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reculting in deeth) LAST  PART II. Other eignificent conditions are sequentially in deeth. LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NQ  27. MANNER OF DEATH  1 Natural 5 Pending Investigation and Leading Investigation determined. Sequential conditions and Leading Investigation and Leadin	DUE TO  DUE TO  DOE TO	o death but not not not not not not not not not no	DUENCE COLUMN CO	PF:  CC  PF:  In the under  The u	ying ceuse g  B. PLACE OF DI  Home 5 Ne  INJURY AT  WORK?  YES 2  date end place, on, death occur	piven in  EATH (Ch eddence NO	28f. LOCATE City or 1  to the cause to lime, date an	PERFOI  YES 2  Specify)  IIBE HOW II  ON (Street Flown, State)	RMED?  INJURY Of end Number in each of the individual in incident	ccureo er or Rural ated.	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   Route Number,  (e) end menner ee	PINDINGS ITO CAUSE NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other eignificent conditions are sequentially in deeth and conditions are sequentially investigations.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NQ  27. MANNER OF DEATH  1 Natural 5 Pending Investigations are sequentially investigations and conditions are sequentially investigations. Suicides and conditions are sequentially investigations. Suicides are sequentially investigations. CERTIFIER 1 CERTIFIER 1 CERTIFIER 2 MEDICAL EXAMINERS.	DUE TO  DUE TO  d.  DOB CONTRIBUTING to  HOSPITAL: 1   Inpetient 2 28e. DATE 0 (Month.) 28e. PLACE building SICIAN: To the best of NER: On the best of	o death but not not not not not not not not not no	DUENCE COUNTY OF THE PROPERTY	PF:  CC  PF:  In the under  The u	ying ceuse g  B. PLACE OF DI  Home 5 Ne  INJURY AT  WORK?  YES 2  date end place, on, death occur	piven in  EATH (Ch eddence NO	8 Other (S 28d. OESCR 28f. LOCATI City or 1	PERFOI  YES 2  Specify)  IIBE HOW II  ON (Street Flown, State)	RMED?  INJURY Of end Number in each of the individual in incident	ccureo er or Rural ated.	AMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2   Route Number,  (e) end menner ee	PINDINGS ITO CAUSE NO



DHMH-18 Rev 1/89

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SICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the his property of the his	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	s State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR; After this ce	be filed within 72 hours after death with th	MPORTANT: If item 28 is marked

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21208-3140

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR  3. TIME OF DEATH									MONTH	1.1000-1-0.00			
Alic						DENNIS				September 15,199			-	11:14 а м
182-26-25		5. SEX			t birthday)	MONTHS	DAYS	_	MIN.	8-12	BIRTH ey, Your)	BIRTHPLACE (State or Foreign Country)  M.G.		
		36	76		THS.					-14				
9a, FACILITY NAME (If not in						96. CITY, TOWN OR LOCATION OF DEATH								
Franklin		losp.				Baltimore					Bal	timoi	re County	
10a. STATE	106. COUNT	,			10c. CIT	Y, TOWN	OR LO	CATION						10d. INSIDE CITY
Md.							Ba	ltim	ore					1 TE YES 2 NO
802 Wilbert Ave.								212				10g. CIT		WHAT COUNTRY?
								en, Mexico	in, Puerto Rice		or No—	Blac	E — American Indian, k, Whita, atc.	
3 ₩ Widowed 4 Dive	orced	IF YES, GIVE	MAR OR DA	MES			1 🗆 Y	ES STO NO	Specif	y:			Spec	Black
15, DEC	EDENT'S EDU	CATION completed)			CEDENT'S			ATION most of work	Ina	18b. KI	ND OF BUS	SINESS/IN	DUSTRY	
Secondary (	0-12)	College (1-4 or 5	+)	Illo.	Dome Dome	se retired.	)				Hous	e w	ork	
17. FATHER'S NAME (First, A								16. MO1	HER'S NA	ME (First, Mick	tie, Maiden	Surname)		
	nown									Teag				
190. INFORMANT'S NAME (	Type/Print) ret L	ckerso	on					et and Numbert A		Route Number, Ba				. 21212
20a, METHOD OF DISPOSIT  1 X Burlal 2 Cremative  4 Donation 5 Other	on 3 🗆 Ram	oval from State	20b	other pl		SITION (A		cemetery, cre	matory or				oke,	
21. SIGNATURE OF FUNER						22	. NAME	AND ADDR	ESS OF FA	CILITY	7.7			
+ Keith	ELL	Whatlo	~			V	'na	rton	Fur	ieral	Hom	e-A	ccom	ac, Va
IMMEDIATE CAUSE (FI	naart fallure.	complications th List only one ca	use on a	ach lina	6									Approximate interval Between Onset and Death
disesse or condition resulting in death)	$\rightarrow$	a	HC	ut	e ju	400	145	aise		UFAV	2110	70	-	30 MILLEN
		DOE IC	OR AS A	A	HL PV	105/4	proti	ie c	Ard	GUH	ala	, de	5446	30 MINUS
Sequentially list condi if sny, lasding to imme	diata	DUE TO	O (OR AS A	CONSE	OUENCE O	F):							_	
CAUSE (Disesse or In		c	O (OR AS A	CONSE	OUENCE O	₽.								
that initiated events resulting in death) LAS	ST	4				. ,.								
			- 4			945	_, .			B. 4 . T				1
PART II. Other signific	ant condition	ns contributing to	o daath b	ut not	resulting	in tha u	undarly	ying cause	given in		PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
										—   '	☐ YES	NO I		OF DEATH?
-										_				1 123 2 110
25. WAS CASE REFERRED	TO MEDICAL						26	. PLACE OF	DEATH (C	heck only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outy	patient 3	DOA	OTHE	ER:			6 Other (	Specify)			
27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F tNJURY Day, Year)		28b. TIA		28c.	INJURY AT WORK?		28d. DESCI		INJURY O	CCURED	
2 Accident	Investigation	28e. PLACE	OF IN ILIES	/ _ At h	ome form			YES 2	<u></u> №0	281 LOCAT	ION (Straue)	and Numb	ar or Church	Route Number,
3 Suicide 8 Homicide	Could not be datarmined	building	, etc. (Spe	clfy)	overe, reffitt),	acrest, fi	- stor <b>y</b> , C	es erved			Town, State		~ vr nunsi	route Herriton,
CONTROL ONLY		BICIAN: To the best of												(a) and menner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	R.	0 13	15	1		2.8	29c. LI	CENSE NU	IMBER		29d. D	ATE SIGNE	D (Month, Day, Year)
	20	flur	eme		1800	new		2	015	871		> 4	7/17/	90
30. NAME AND ADDRESS OF	F PERSON W				EM 27) (Type	e, Print)	24 50	ville	P	caryl.	and	2 0	210	30
31. DATE FILED (Month, De)		32. REGISTI		ATURE			-							

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insit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Secretar and other page 5 should be detected from the function of the following physician and completely filled in by the function of secretary in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the first within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove the modified of the modified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I		AY	YEAR	3. TIME OF DEATH
Howard	T. Downe:	S						09	17		90	10:00 P
4. SOCIAL SECURITY NUMBER 219-07-4363	5. SEX 1 XM 2 F	8. AGE (In yrs. le:	st birthday) YRS.	MONTHS D	EAR AYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8 (Month, De) APRIL	thank y	904	Country	PLACE (State or Foreign AWARE
98. FACILITY NAME (If not institution, give street and number)  Wicomico Nursing Home  Salisbury  Wicomico  RESIDENCE OF DECEMENT												
10a. STATE 10b. COUNT	COMICO		10c. CIT	SALIS								10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER TRUITT STREET	3011100			JALIE	_	ZIP CODE	1801			10g. CIT		THAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	MARITAL STATUS  12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 2 X  15 YES GIVE MAR OR DATE.			If ye	16, SP4	ENDENT O	F HISPAI	NIC ORIGIN? (S _i in, Puerto Ricar		or No-	14. RACE	— American Indian, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 10 YEARS	ECEDENT'S		PATIO ng mos	N et of workin	9	12.0		SINESS/IN	SHOI			
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)								CA	REY			
19a. INFORMANT'S NAME (Type/Print)  BRUCE DOWNES—SON	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
20a. METHOD OF DISPOSITION 9/1/1X Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	9/24/90  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Parmoval from State  PARMOVAL TO DISPOSITION (Name of cemetery, cremetory or CALL TO DISPOSITION)							- City or To				
21. SIGNATURE OF FUNERAL SERVICE L	Tallow	uj	ach Da	HOI 501	LO'	NOW 1	FUNE HILL	RAL HO	ALIS	BURY	, MD	2 180 1
23. AT I. Enter the disease, or shock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. Myc	cardial	Info	arctio	n							Interval Betwee
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	o. Ger	cerioscl on as a conse oeralize on as a conse	d Ar	terios				r D <b>is</b> ea	ase			
PART II. Other significant condition	ns contributing to	death but not	resulting	in the unde	rlyIng	g cause (	given in		PERFO		246.	WERE AUTOPSY FINDIN AMAJLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF 0	EATH (C/	heck only one)				
EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:				6 Other (Sp	necffy)			
27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF	INJURY	28b. Til	WE OF 26	c. INJ	URY AT		28d. DESCRI		INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE C building,	OF INJURY — At h	ome, farm,	atreet, factory	, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
and and	BICIAN: To the best of s											) and menner as stated
296. SIGNATURE AND TITLE OF CERTIFIC	ER					29c. LICI	ENSE NU	MBER		29d. DA	TE SIGNEO	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED OF	DE OF DEATH	7	a (Defeat)			D020	026			09/1	8/90
Federico G. Ar	thes. M.D	. 3 B	av St	. Bei	cli	n. M	arv]	land 2	2181	1		
SFP 1 9 90	32. REGISTRA	AR'S SIGNATURE		E OF TAXABLE					101000			

BALIIMORE, MAHYLAND	24 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detach tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 1314b,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

SEP 27 1990 Julia Durdon Annae

	FOR STATE REGISTRAR	STATE OF MARYI			F HEALTH AND	MENTAL HYGIE		90	27531
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	/	3. 1	TIME OF DEATH
	ELEANOR POI	FF DA	GER			MONTING	25,	770	0311 4
			(In yrs. last birthday)	IF UNDER 1 Y		7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLA Country)	CE (State or Foreign
	175-10-4066	□ M 2 0 F 78	YRS.	MONTHS C	AYS HOURS MIN.		. 19121		sylvania
	9a. FACILITY NAME (If not institution, give street	9b. CITY, T	OWN OR LOCATION OF DE		9c, COUNT				
E	102 Simms Driv	An	napolis		Ann	e Ar	undel		
DIRECTOR	RESIDENCE OF DECEDENT						1		
H	10e. STATE 10b. COUNTY		10c, Cl	ry, town or	LOCATION			I. INSIDE CITY LIMITS?	
		Arundel		Annap					YES 2 NO
₹	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	102 Simms Drive				21401			I.S.	1
2	11. MARITAL STATUS 12.  1 Never Married 2 Married	WAS DECEDENT EVER FORCES? 1 YES	2 NO		S DECENDENT OF HISPAI		Yes or No- 14	Black, WI	American Indian, hite, stc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 [	YES 2 NO Specif	y:		Specify:	
	15. DECEDENT'S EDUCATION	ON	18a. DECEDENT'S	R USUAL OCC	IPATION	16h KIND OF I	SUSINESS/INDUS	Whit	e e
	(Specify only highest grade com	pleted)	(Give kind of	work done dur	ing most of working				
PLI	Elementary/Secondary (0-12) C	ollege (1-4 or 5+)	Но	memak	er	Но	me		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	CHIELD		ME (First, Middle, Meid			
Ö	George Philmore	Poff				McLaugh			,
BE	19a. INFORMANT'S NAME (Type/Print)	6 1011	19b, MAILIN	G ADDRESS (S	Street and Number or Rural			ode)	
9	Lynne D. Cronvi				s Drive.				1401
	20a. METHOD OF DISPOSITION	1			of cemetery, crematory or	200	LOCATION - CI	v or Town.	
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		other place)	2000					
	21. SIGNATURE OF JUNETIAL SERVICE LICENS	EE /	Mt. R	22. NA	emetery	CILITY.	ork, F	enns	
	Maket V	10.0			ME AND ADDRESS OF FA				21401
	VODEY A.	Lageo		14	7 Glouces	ter St.	Annar	olis	s, MD
	23. PART I. Enter the diseese, or com ahock, or heart fellure. List			not enter th	e mode of dying, aud	ch as cerdiac or re	spiretory arres	st,	Approximsta Interval Between
	IMMEDIATE CAUSE (Final	./	1 1	1					Onset and Death
	disease or condition resulting in death)	/ Min	AURI	7 5	wan.				
		DUE TO (OR AS	A CONSEQUENCE	OF):	Tyler men v	**			
Z	b	asx	wat		men	one			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR 65	A CONSEQUENCE	OF):					
S	CAUSE (Disease or Injury								
TIF	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):					
ER	resulting in death) LAST								
	PART II. Other significant conditions of	ontributing to death	but not resulting	In the und	orlying cause given in	Part I. 24s. WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
MEDICAL	H	ASCVO					FORMED?		ALABLE PRIOR TO IMPLETION OF CAUSE
G				-		I L YES	2 🗌 NO		DEATH?
								11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				DA DI ADE OF DEATH (C				
10	EXAMINER?	OSPITAL:		OTHER:	26. PLACE OF DEATH (C				
IYS		Inpetient 2 ER/OL			ng Home 8 Residence		W IN ILIEM OCCI	IDED.	
	27. MANNER OF DEATH  1. Netural 5 Pending	(Month, Day, Year)	28b. T	NJURY M	Bc. INJURY AT WORK?	28d. DESCRIBE HO	W INJUNT OCCI	MED	
ВУ	2 Accident Investigation	28a PI ACE OF IN #16	RV _ At home for	m l	1 YES 2 NO	201 LOCATION CO	and a and Alicenter -	e Dismi Place	n Mumber
	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJUI building, stc. (Sp	pecify)	, street, IECIOF	y, ornes	281. LOCATION (Str. City or Town, St	ete)	rumii Hout	e Number,
ET		L							
COMPLETED	cont unity				e, data and place, and du				
O	one) 2 MEDICAL EXAMINER: C	On the basis of examinat	ion and/or investiga	tion, in my opi	nion, death occured at th	e time, data and place	, and due to the	cause(a) sr	nd manner as stated.
	THE SIGNATURE AND TITLE OF CERTIFIER	) 1	A		29c. LICENSE NU	MBER	29d. DATE	SIGNED (M	onth, Day, Year)
BE		VA			1 1	7.1(76		0/0	-1101

RIDGLEY

#120

BALTIMORE, MARYLAND 21203-3146

1	_	FOR STATE DEGISTRAD
•		REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

9	U	2	1	5	3	6

	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF			3. TIME OF DEATH		
	NETTIE	MAE	MONTH	2 4	1 90	5 P H					
		SEX 8. AG	E (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS	IF UNDER 24 HRS. 7. DATE OF BIRTH			DIRTNPLACE (State or Foreign		
	577 09 1970	□ M 2 [XF	96 YRS.	MONTHS D	AYS HOURS MIN.	(Month. p	819	5   9	ouptry) Virginia		
1	9e. FACILITY NAME (If not institution, give atreet a	,	9b. CITY, TO	WN OR LOCATION OF			9c. COUNTY				
<u>۳</u>	3206 Powdermi	II Road		Rel	tsville	<b>o</b>	- 1	Princ	e George		
DIRECTOR	RESIDENCE OF DECEDENT							, , , , , ,			
2	10a. STATE 10b. COUNTY										
	MD Prince George Beltsville 11 18 YES 2										
FUNERAL	100. STREET AND NUMBER  101. ZIP CODE  102. CITIZEN OF WI										
	3206 Powdermill Road 20783 USA										
בַּ	11. MARITAL STATUS 12.  1 Never Married 2 Married	WAS DECEDENT EVER FORCES? 1   YE	R IN U.S. ARMED		DECENDENT OF HIS			or No — 14.	RACE — American Indian, Black, White, etc.		
BY	XsX Widowed 4 Divorced	IF YES, GIVE WAR OF	DATES	1 [	YES 2 NO Spe	elfy:			Specify White		
	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT	I I SIIAI OCCI	IDATION	185 KI	NU UE BITE	I INESS/INDUST			
COMPLETED	(Specify only highest grade comp	pleted)	(Give kind of	work done duri	ng most of working	100. Ki	10 01 000	1112371110031	"		
7	1 / 1-2 Co	ollege (1-4 or 6+)	Hom	emaker							
S	17. FATHER'S NAME (First, Middle, Lest)		1			NAME (First, Mide	lle. Maiden :	Sumame)			
Ö	Radford Burton				Wilda	Rankin			-		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	treet and Number or Ru	ral Floute Number,	Olty or Town	, State, Zip Coo	fe)		
ဥ	Ruth Knott		2000	23rd	Avenue	Hyatts.	Md.				
	20g. METHOD OF DISPOSITION			OSITION (Name	of cemetery, cremetory	or	20c. LO	CATION — City	or Town, Stata		
	1XXBurial 2 ☐ Cremetion 3 ☐ Removal 4 ☐ Donation 6 ☐ Other (Specify)	from Step6	George W	ashing	ton Cemet	ery	Ade	elphi,Md.			
	21. SIGNATURS OF FUNERAL SERVICE LICENS	EE//		22. NA	ME AND ADDRESS OF	FACILITY	OO N	II	p.Ave.S.S.Md.		
	· Michael 41	tmala		n	ines/kina	Idi IIc	OU NO	ew nam	p.Ave.S.S.Md.		
	23. PART I. Enter the diseases or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	shock, or heart/influre. List	only Dne cause Di	n each ilne.						Interval Between Onset and Death		
- 1	disease or condition by a called a la Garction										
							-		771770.63		
_		Arter	oscle	rotic	Cardion	ascula	2 × Z	Isens	e years		
흔	Sequentially list conditions, for any tasking to immediate Due to (or as a consequence of):  Arterioscle rotic Cardiovascular Disease years  Due to (or as a consequence of):										
8	cause. Enter UNDERLYING CAUSE (Disease or Injury										
CERTIFICATION	that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
6	resulting in death) LAST										
	PART it. Other significant conditions of	ontributing to deat	h but not reaulting	in the unde	orlying cause given	in Part i. 2	In. WAS AN		24b. WERE AUTOPSY FINDINGS		
<u>১</u>						Ι,	PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
MEDICAL											
- 1									1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		-		26. PLACE OF DEATN	(Check only one)					
Sic		OSPITAL:	Outputlant 3   DOA	OTHER:	g Nome 5 K Residen	ne & □ Other //	Concession .				
H	27. MANNER OF DEATN	28a. DATE OF INJU	RY 28b. T	IME OF 20	Bc. INJURY AT			NJURY OCCUR	ED		
	1 Natural 5 Pending	(Morith, Day, Yes	er)	NJURY M	WORK?						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ	URY — At home, farm	, street, factory	r, office				Rural Route Number,		
COMPLETED	4 Nomicide determined	building, etc. (	Specify)			City or	Town, State)				
	29a. CERTIFIER 1 CERTIFYING PHYSICIAL	N. To the heat of my k	nowledge death occu	read at the time	a data and place and	due to the course	(a) and may	noer se eteted			
₹ E	CONSTRUCTION OF THE PARTY	-							ause(a) and menner as stated.		
	20h SIGNATURE AND TITLE OF CENTIFIED		. Madi		200 LICENSE	MINNED		204 DATE O	IONED (Month One Month		
8	D. D. D. D. J. J. J.	1 Depur	y medic	M	29c. LICENSE	S C 7		DATE S	IGNED (Month, Day, Year) 244-90		
0	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CALIFE OF	DEATH OTEM 27 CH	De Prints	,	332		, ,	1/ /		
	Paul A. DE Vo	DE MA	7 42	0342	reembut	y Rd.	Hya	++511	IR MD		
	31. DATE FILED (Month. Day. Year)					*	,		20781		
	SEP 2.6 90	Luka David	rom- Prond - M						1		
SEP 26 '90 Julia Davidson Randon											

	- REGISTRAR		CERTIFI	CATE O	F DEATH	REG. NO	).					
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	ar 3. TIM	E OF DEATH			
		LLISON				SEP 1	199	0	10:19			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	L935 6	BIRTHPLACE Country)	(State or Foreig			
	306-32-3546	1 X M 2 □ F   54	YRS.			November	12, K	entu	cky			
~	Se. FACILITY NAME (If not institution, give sti	treet and number)			/N OR LOCATION OF DE		9c. COUNTY					
ECTOR	Malcolm Grove, AFB Hospital   Camp Springs   Prince George's											
<u>n</u>	10a. STATE 10b. COUNTY			r, TOWN OR LO	CATION				SIDE CITY			
10												
AL	100. STREET AND NUMBER  100. STREET AND NUMBER  100. CITIZEN OF WITH A COLUMN AND A											
FUNERAL	4108 Byers Str	eet			20743		Unit	ed S	tates			
E I	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED		NIC ORIGIN? (Specify Your, Puerto Rican, etc.)	ne or No 14.	RACE - Ame Block, White	erican Indian, , etc.				
ВУ		Retired Sept			YES 2 XNO Specifi	y:		Specify:	-			
	15. DECEDENT'S EDUC	CATION	160. DECEDENT'S		ATION	16b, KIND OF BI	JSINESS/INDUST	Blac	\$			
ETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of w life. Do NOT use	rork done during e retired.)	most of working							
PL		2 Years	Self E	Employ	/ed	1	Privat	e				
COMPL	17. FATHER'S NAME (First, Middle, Last)			ME (First, Middle, Maide	n Surname)							
ш	Lester Jame	s Ellison			Luvate	r Smit	h					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	eet and Number or Aural	Route Number, City or To	wn, State, Zip Co	de)				
P-	Frances Ellis				s St., I							
	2000 METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Remo	oval from State	other place)		f cemetery, cremetory or		OCATION — City					
	4 Denation 5 Other (Specify)		Arlingto	on Nat	cional Ce	emetery .	Arling	ton,	Virg			
	21. SIONATUR FRAL SERVICE LICENSEE 4 22. NAME AND ADDRESS OF FACILITY Stewart Funeral Home											
	19 M. I. Wuller TIT 4001 Benning Road, N.E. Wash, D.C.											
	23. PART / finter the diseases, or of the control o	complications that cause List only one cause on a	d the death. Do n	ot enter the	mode of dying, suc	h ea cardiac or rea	piratory arrest		Approximate Interval Bets			
	IMMEDIATE CAUSE (Fine)											
	disease of condition resulting in death)  Metastatic Epiglottic Squamous Cell Carcimoma  2yr, 1											
		DUE TO (OR AS	A CONSEQUENCE OF	·):								
ERTIFICATION	Sequentielly list conditions,	b DUE TO (OR AS	A CONSEQUENCE OF	F):								
AT	If any, leading to immediate cause. Enter UNDERLYING											
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):										
H	resulting in deeth) LAST											
O	PART II. Other significent condition	ns contributing to deeth	but not resulting	in the underl	iving ceuse given in	Part I. 24s. WAS A	N AUTOPSY	24b. WERE	AUTOPSY FINE			
DICAL	Hypercalcemia				,	PERF	ORMEO?	AWAILA	ABLE PRIOR TO			
EDI	Anemia of Chi	ronic Diseas	0			1 🕱 YES	2 [] NO	OF DE				
: ME		TONIC DISCUS				mayor again.			YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			21	B. PLACE OF DEATH (C)	heck only one)						
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1 X Inpetiant 2 ER/Out	tpetient 3 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)						
PHY	27. MANNER OF GEATH	28a. OATE OF INJURY (Morith, Day, Year)	26b. TIM	E OF 28c.	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUP	ED				
BY F	1 Nstural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			YES 2 NO							
0	3 Suicide 6 Could not be	26e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, sectly)	street, factory,	office	26f. LOCATION (Stree City or Town, Stat		Rural Route N	umbec			
j-e	4   Homicide determined											
IPL	Orock oray	ICIAN: To the best of my know	wiedge, death occum	ed at the time,	data and place, and du	e to the cause(a) and m	anner as stated.					
OM	one) 2 MEDICAL EXAMINE	ER: On the besis of examination	on and/or investigation	n, in my opinic	on, death occured at the	time, data and place,	end due to the c	euse(a) and n	nenner as stat			
ш	296. SIGNATURE AND THE OF CENTIFIE	R ////			29c. LICENSE NU	MBER	29d. DATE S	IONED (Month	i, Day, Year)			
8	Kathy Clan	Whit, Cus	+ USAF,	mc			▶ 1	Sep 90	)			
F		HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,		Malcolm	Grow USAF	Medica	1 Cent	er			
	A ATAMITTE A TALOUT	VITA, CAPT,	USAF, MC		Andrews	AFB MD 20	331-53	00				
	KAIN A. LA CE											
29a. CERTIFIER  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as at the time of the cause												

BALTIMORE, MARYLA

BALIIMORE, MARKLA	24 hours after death. Page 6 may be retained by the	y filled in by the funeral director, page 5 amount be dipon, or removal.	the medical examiner must be nutflied at
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be remained by at	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 around the find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
1	-	200	IMP

	1 - FOR STATE OF MAI		IENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	90	27534					
0	1. DECEDENT'S NAME (First, Middle, Last)  GWLA 00140 BERNICE	ELLIS		2. DATE OF DEATH DAY	90 90	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	PLACE (State or Foreign						
	9a. FACILITY NAME (If not institution, give etweet and number) PRINCE AEORGES HOST	MD.	PRINCE & EORGE								
	residence of decedent 10a. STATE 10b. COUNTY Maryland Prince Georg		own on Location 7erly		10d.						
-	100. STREET AND NUMBER 1714 62nd Avenue		101. ZIP CODE 20785		10g. CITIZEN OF WHAT COUNTRY? United States						
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	or No — 14. RACE Black Specif	American Indian, , White, etc.					
רבונה	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)	"Admini	done during most of working tired. Listrative	NESS/INDUSTRY							
	12th Grade	Assi		ME (First, Middle, Malden S							
0 00	James Simms  190. INFORMANT'S NAME (Type/Print)		Lenetta Johnson  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Henry Ellis  20g, METHOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 4 Denstion 6 Other (Specify)	20b. PLACE OF DISPOSITI	Varner Ave., ON (Name of cometer), cremetory or Memorial Parl 22, NAME AND ADDRESS OF FA Stewart Fur 4001 Bennir	court heral Home	ation – city of to ndover, Ma						
	23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haert fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):										
ENTINATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  WENTRICULAR ARRHYTHMIA  DUE TO (OR AS A CONSEQUENCE OF):  A CUTE MYOCARDIAL INFARCTION  B days  OUT TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
PRISICIAN: MEDICAL CE	PART II. Other significant conditions contributing to de DIABETES INSIA		the underlying cause given in	AUTOPSY MED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO						
CINI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)							
בונו	1 ☐ YES 2 ☑NO 1 1 ☑ Inpetient 2 ☐ E  27. MANNER OF DEATH  1 ✓ Netural 5 ☐ Pending  1 ✓ Netural 5 ☐ Pending	JURY 28b. TIME (	Y WORK?	6 Other (Specify)  28d. DESCRIBE HOW If	JURY OCCURED						
EIEU BY	2 Accident Investigation	NJURY — At home, farm, atro	1 123 2 2 110	28t. LOCATION (Street a City or Town, State)	nd Number or Rural (	Route Number,					
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my MEDICAL EXAMINER: On the best of examiner.					a) and manner as stated.					
O BE C	200. ACCUSTURE AND TITLE OF OPHIFIPPH	rich	MD 20c. LICENSE NU D31		29d. DATE SIGNED	8/90					
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE  MORRIS JUTCO VICH	MD 63	303 Ivy Lane,	ruit 400 (	3 reen bel	t, MD 20770					
	31. DATE FILED (Month, Day, Year)  9 8 1 7 90	S SIGNATURE Julia Davidson-A	andell								

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	REGISTRAR		CE	ERTIFIC	CATE OI	DEATH	REG. NO	).			
3	1. OECEOENT'S NAME (First, Middle, Leat)  THOMAS LIVINGSTON EVANS  2. OATE OF OEATH MONTH Sept. 21, 1990  4. 3. TIME OF OEATH Sept. 21, 1990  6:30 A. M										
	4. SOCIAL SECURITY NUMBER 220 30 0551	riale	AGE (In yrs. les		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. OATE OF BIRTN (Month, Day, Year) Oct. 17,	1934 6. BIR	TNPLACE (State or Foreign nery) Maryland		
R	99. FACILITY NAME (If not institution, give at At Home Great Oaks		vel Rd		Cheste	OR LOCATION OF O		9c. COUNTY OF			
K I	RESIDENCE OF DECEDENT							_			
DIRECTOR	Maryland Ke	nt		RFD	Rte #	2 Box #	759-I Ches	tertown	10d. INSIDE CITY LIMITS? 1 YES 20 NO		
FUNERAL	Great Oaks Je	ohn Carvel	Road	RTE #		01. ZIP COOE 21620		10g. CITIZEN OF USA	WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS Married 1 Never Merried 2 Married 3 Wildowed 4 Olvorcad	12. WAS OECEOENT EV FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			If yes, :			Bio	CE — American Indian, lock, White, atc.		
	15. OECEOENT'S EOUG		16a, OE	CECENT'S US	SUAL OCCUPAT	TION	16b. KINO OF BU	ISINESS/INOUSTRY			
COMPLETED	(Specify only highest grade Elemantery/Secondary (0-12)	College (1-4 or 6 +)	(G life.	ive kind of wor Do NOT use i	k done during i retired.) e Ager	nost of working	Insura		A Pro-		
	17. FATHER'S NAME (First, Middle, Last)	Thomas L.	Livin	gston			ME (First, Middle, Meide Hortense	Sumame) Kinsey			
TO BE	190. INFORMANT'S NAME (Type/Print)  Maureen Evans		199 R	te #	DORESS (Stree 2 Box	# 759-I	Route Number, City or To Chestert		21620		
	800 METHOD OF OISPOSITION Burlet 2 Cremetton 3 Remo	oval from State	St. PLACE	of oisposit aul's	Cemet	emetery, cremetory or		estertow			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Pis Li	ell	25		ANO AOORESS OF FA	Ρ.	0. Box #	264 , Md. 21620		
	23. PARY I. Enter the diseasea, or o shock, or heart failure.  IMMEDIATE CAUSE (Final	complications that ca List only one cause	used the de	eath. Do not	t enter the n		4		Approximate interval Between Onset and Death		
	disess or condition resulting in death)	DUE TO (OR	AS A CONSE	-	- 1		efre Ca	remon	LN		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR	AS A CONSE	OUENCE OF):	lur						
CERTIFICATION	CAUSE (Disesae or injury that initiated events reaulting in death) LAST	OUE TO (OR	AS A CONSE	QUENCE OF):	110	ENTA					
- 11	DARK II Color desident condition	s		J							
EDICAL	PART II. Other algnificant condition	a contributing to dea	ith but not i	resulting in	the underly	ing cause given in		PRMEO?	4b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: MI							_		1 1 165 2 1 110		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. OTHER:	PLACE OF OEATH (C/	eck only one)				
ız	1 TES 2 NO 27, MANNER OF OEATH	1 Inpatient 2 I EF		□ DOA 4	☐ Nursing H	ome 5 Residence					
BY PH	Netural 6 Pending Investigation	26e. OATE OF INJ (Month, Day, )	bar)	28b. TIME INJUI	RY	NJURY AT WORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUREO			
									Il Route Number,		
COMPLETED	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) end manner as stated.  MEDICAL EXAMINER: On the best of my knowledge, death occurred at the lime, date and place, end due to the cause(e) end manner as stated.										
	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU	MBER	29d. DATE SIGN	EO (Month, Day, Year)				
TO BE	30. NAME AND ADDRESS/OF PERSON WIN	O COMPLETEO CALER	OF OEATH (ITE	M 27) (Type P	Print)	D35	648	1 9	21/90		
0	Eric F. Ciganek	(D-35048)	Ches			. 21620		_			
4	SFP 26 190	32. REGISTRAR'S		inde 00							
	VL 20 00	0							OHMN-16 Rev 1/89		

ing physician. the burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Yours after death. Page 6 may be retained by the INTENT TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be meet be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

088 FR 113

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BALTIMORE, MARYLAND 21203-31	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending the second of the major	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the marking high manual commation, or removal.	ince.
IMORE, MARYLA	Page 6 may be retained by th	il director, page 5 should be d	ner must be notified at o
•	ed within 24 hours after death.	completely filled in by the funeral, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	e death certificate be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	jury, or other traumatic
VITAL RECORDS	AN: The law requires that th	tificate has been signed by te State Dept. of Health and	or item 23 shows any in
DIVISION OF	L OR ATTENDING PHYSICI	L DIRECTOR: After this cert hours after death with the	item 28 is marked, o
	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: If

	1 - STATE REGISTRAR		C	ERTIF	ICATE C	OF DE	ATH		REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH				3. TIME OF DEATH				
	James	Richard		d Everett :			September 24,1990				11:46	ам				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE		NDER 24 HRS.	7. DATE OF BIRTH		6. BIRTI		THPLACE (State or Foreign ntry)				
	205-38-9015	1 💢 M 2 🗆 F	44	YRS.	MONTHS DA				Jan 6, 194		5.					
5	The Kent and Queen Anne's Hospital Inc. Chestertown  Sec. COUNTY OF DEATH  Sec. COUNTY OF DEATH  Sec. COUNTY OF DEATH  Kent										PEATH					
DIRECTOR	RESIDENCE OF DECEDENT  100, STATE  10b, COUNTY  MD  Key				y, town on L	OCATION						10d. INSIDE				
	10e. STREET AND NUMBER					101. ZIP	CODE 1650			10g. CI1						
BY FUNERAL	RR	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If yo	DECENDE e, specify	INT OF HISPAN Cuban, Mexica NO Specify	n, Puerto R		A American k, White, etc.						
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed)  College (1-4 or 8+	) HA	ECEDENT'S Give kind of a. Do NOT u	USUAL OCCU work done during se retired.)	PATION og most of t	vorking	-	itty			ouse				
	17. FATHER'S NAME (First, Middle, Last) Harold Monroe Everett, Sr.  18. MOTHER'S NAME (First, Middle, Meiden Surname) Rachael Durham															
מר	19e. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (St	reet and No	imber or Rural i	Route Numb	er, City or Tow	n, State, Z	ip Code)					
2	Ellen Bramble			Ches	tertow	n, M	216	20								
	20a. METHOD OF DISPOSITION	10a. METHOD OF DISPOSITION  ☐ Buriel 21/2 Cremation 3 ☐ Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home															
	Mary B. F.	ellows								ling	ton,	ton,MD 21651				
	shock, or haart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. CHRONIC ALCOHOLISM										Onsat	iximate al Between and Dasth				
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):															
MEDICAL	ASCVD WITH ARTERIOSCIETOSIS OF 1 YES 2 1 NO									b. WERE AUTOP AMAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO I OF CAUSE					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					25 81 407	OF DEATH (Ch	ank n-t	-1							
2	EXAMINER?	HOSPITAL:			OTHER:											
2	1 X YES 2 □ NO  27. MANNER OF DEATH	1 Inpatient 2 28e. DATE OF		3 DOA			Reeldence	_	CRIBE HOW	INTITIBA U	CCUBED					
BY P	1 Netural 5 Pending	(Month, D		IN		c. INJURY WORK?	2 NO	100. 520	OTTO TO		0001125					
בח	2 Accident investigation 3 Suicide 6 Could not be determined	26e. PLACE C building,	PF INJURY — At t atc. (Specify)	nome, ferm,	atreet, factory,	, office			ATION (Street or Town, State		er or Rural	Route Number,				
OMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of										(e) end manner	es stated.			
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIE	ovan n	1D. 1	Deput	4 ME	294	DO /	MBER 33	7	29d. D/	TE SIGNE		Year)			
	30. NAME AND ADDRESS OF PERSON WED.	NOVA	NM	D -	Print) K	ent	- Que	NA	wies	K	65 to	- Chos	telown			
	31. DATE FILED (Mapril), Day, Year) SEP 26 90	32. REGISTRA	Lavidson	-Rand	90						/	No	21670			

BALTIMORE, MARYLAND 31203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	D 11 T-	CER		E OF	DEATH		G. NO.		3. TIME OF DEATH
	RUSSELL	Russell Jo	Seph FILL	10 N	n		MONTH	21	90	100 P
	4. SOCIAL SECURITY NUMBER 380-05-8748	1 M 2 □ F	E (In yrs. last bir 75	res. IF UND	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	Non: 15	8. BIRTHP	CHIGAN
E CH	98. FACILITY NAME (If not institution, give MEDLANTIC MA	street and number) VOR AT LAY	HILL			R LOCATION OF DI			MON	
DIRECTOR	10a. STATE 10b. COUNT Maryland Mont	gomery		s. city, town						INSIDE CITY LIMITS?  YES 2 X NO
- 1	10e. STREET AND NUMBER				101	J. ZIP CODE		100	TIZEN OF WH	IAT COUNTRY?
FUNERAL	2601 Bel Pre Roa  11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 X YE	R IN U.S. ARMEC	13		20906 ENDENT OF HISPAI ecify Cuban, Maxica		ecity Yea or No-	ited S	- American Indian, White, atc.
	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	WII	1 TYES	2 NO Specif	)y:		Specify	White
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Give in the Do	ENT'S USUAL ind of work don NOT use retired rical	e during mo )	ast of working		of BUSINESS/II ublican		7
BE COMPLET	17. FATHER'S NAME (First, Middle, Lost)  Joseph Fill	ion					ME (First, Middle	Malden Surname) hibodea	)	
10 8	190. INFORMANT'S NAME (Type/Print) Howard Hale	- 6	Control of			a Road,			Zip Code) 0906	
	20a. METHOD OF DISPOSITION 1 Buriel 2 X Cremation 3 Red 4 Donation 8 Other (Specify)			DISPOSITION (	Name of cer	metery, cremetory or Cremator		20c. LOCATION - Silver	- City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE L	B. Phul	MOC	2:	Rapp	NO ADDRESS OF FA Funeral Gist Ave	Servic	es, P.A		20910
CERTIFICATION	IMMEDIATE CAUSE (Fine disease or condition resulting in deeth)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a.  DUE TO (OR A  OUE TO (OR A	E V M (	NOE OF):	4	ONG.		or respiratory a	errest,	Approximate interval Betwee Onset and Deal
	PART II. Other algnificant condition	d	h but not reet	iting in the	underlyin	g ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO		WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	Industriant 2 (1)	ОТН	ER:	LACE OF DEATH (C)				
ву рнуз	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	TY 2	Bb. TIME OF INJURY	28c. IN.	JURY AT ORK? YES 2 NO		E HOW INJURY C	OCCURED	
	3 Suicide 8 Could not be determined	26a. PLACE OF INJU building, atc. (S	JRY — At home, Specify)	farm, street, f	actory, offic	20	281. LOCATION	N (Street and Numl vn, State)	ber or Rural Ro	oute Number,
OMPLET	anel and	SICIAN: To the best of my kn								and manner as stated.
BE CO	296. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	a company of a	reray	MD,		29c. LICENSE NU D130		29d. D	9. ZI	Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON V	A C V V	DEATH (ITEM 2	(Type, Print)	3		•	W, I	).C.,	20016
	SEP 24 90	32 REGISTRAR'S S	IGNATURE	.00			-			

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

15

1. DECEDENT'S NAME (First	, Middle, Last)		-							2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
Paula	н.	Fowler										r 20,		8:45 P M
4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (	in yrs. lest t		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.		E OF BIRTH oth, Day, Year	)	6. BIRTI	IPLACE (State or Foreign
215 46 3765		1 M 2 🔀 F	82	2	YRS.	ONTHE	DAYS	HOURS	MIN.			,1908		yland
9a. FACILITY NAME (If not in	stitution, give s	treet and number)			1	b. CITY,	rown c	OR LOCATION	ON OF D	EATH	_	9c. CO	UNTY OF C	DEATH
Suburban Ho		1				Bet	hes	da				Mon	tgom	ery
10a. STATE	10b. COUNTY	r			10c. CITY,	TOWN OF	LOCAT	TION			_			10d. INSIDE CITY
Maryland	Mont	gomery			Be:	thes	da							LIMITS? 1 YES 2 X ND
10e. STREET AND NUMBER							101	. ZIP CODI	E			10g. Cl	TIZEN OF	WHAT COUNTRY?
4616 Sleafor	rd Road	đ						2081	4			Uni	ted	States
11. MARITAL STATUS		12. WAS DECEDEN										Yea or No-	14. RAC	E — American Indien, ik, White, etc.
1 Never Married 2		FORCES?			,			2 X NO			Rican, etc.	)	Spec	offy:
3 X Widowed 4 Dive	orced	l						476						White
	EDENT'S EDU ly highest grade			16a. DECI	EDENT'S US s kind of wo Do NOT use	SUAL OC	CUPATIO	ON pat of workli	ng	16		BUSINESS/IN		
Elementary/Secondary (I	0-12)	College (1-4 or 5	+)									rnment		
		2		Se	cret	ary						ting C		е
17. FATHER'S NAME (First, N		h								ME (First		den Surname)		
Henry R.	Hellba	acn							ıla		Zorn			
19a. INFORMANT'S NAME (	ATTENDED											Yown, State, 2		2 00515
Donald S. H			-	_					_	amp				and 20748
20a. METHOD OF DISPOSIT  1  Burlal 2  Crematic  4  Donation 5  Other	on 3 🗆 Rem	oval from State		other plac	F DISPOSIT					Inc		LOCATION -		own, State Maryland
21. SIGNATURE OF FUNERA		CENSEE / /									Rober	A. P	umph	rey Funeral
+ Whan	137		MOC	0689		Ho	me/	Beth	esda	-Che	evy Cl	nase,	Inc.	7557 vland 20814
IMMEDIATE GAUGE (Fidsease of condition resulting in death)  Sequentially list condition in the condition of	tions, ediete	b. OUE TO	OR AS A	CONSEON BL	UENCE OF)	() ()	B	STR				J C E P	2	Onset and Deeth
PART II. Other signific	ant condition	ne contributing to	deeth b	out not re	suiting in	the un	Seriyin	ng cause	given in	Part i.	PEF	S AN AUTOPS RFORMED? S 2 ND	Y 24	MARLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:				OTHER		LACE OF E	EATH (C	heck only	one)			
1 TYES 2 X NO		1 Unpatient 2		patient 3	□ DOA	4 🗆 Nurs	Ing Hor		esidence		her (Specify)			
	Pending investigation	28a. DATE O (Month,	F INJURY Day, Year)		28b. TIME INJU			JURY AT ORK? YES 2 [	□ ND	28d. D	ESCRIBE H	OW INJURY O	CCURED	
2 Accident 3 Suicide 8 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY	Y — At hon	ne, farm, st	reet, facto	ery, offic	ca			OCATION (St		per or Rural	Route Number,
anal only		SICIAN: To the best of												(s) and menner as stated.
296. SIGNATURE AND TITL	E/OF CERTIFIE	lau	N		MI	,		1	ENSE NU					D (Month, Day, Year)
30. NAME AND ADDRESS O	OF PERSON WI	HO COMPLETED CAL	ISE DF DE	EATH (ITEM	27) (Type	Print)	_	I-, D.	2352	5		1,5	epte	mber 22, 199
Allen Woll								_			3/-		J 00	
31. DATE FILED (Month, Day		32. REGISTR	AR'S SIGN	NATURE		COW	n_R	oad.	Roc	kvil	le Ma	arylan	a 20	852
SEP 24		Julia X	Tavidse	n-Par	delle									

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely it	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematic	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIE REG. N		27539
	DECEDENT'S NAME (First, Middle, Last)  Leman Michael     Social Security NUMBER		FATHER)  (In yrs. lest birthdey) #	UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH SEPT. 23,	1990	3. TIME OF DEATH 1:06A M BIRTHPLACE (State or Foreign
	097-30-8228 98. FACILITY NAME (If not institution, give a	1 DM 2 DF	51 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Pay, Year)	38 9c. COUNTY	NEW YORK
DIRECTOR	AMI DOCTORS HOSPI RESIDENCE OF DECEDENT  10n. STATE  10b. COUNT	Y	10c. CITY, T	LANHAM OWN OR LOCAT	ION		PRINC	CE GEORGE 'S
	10e. STREET AND NUMBER	ING DRIVE	51.		SPR.	)~G		1   YES 2   NO
BY FUNERAL	824 PERSH	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN	IIC ORIGIN? (Specify 'n, Puerto Rican, atc.)		. RACE — American Indian, Black, White, etc. Specify: hte
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n PRIEST	done during mos		13.	LIGIOUS	
8	17. FATHER'S NAME (First, Middle, Last)  LEMAN M. FOU	RNIER			18. MOTHER'S NA	ME (First, Middle, Meid E M. LOI		
TO BE	19a. INFORMANT'S NAME (Type/Print) MSGR. R. JOSEPH					Route Number, City or 1		35.
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	novel from State	other place) ATE OF HEA				LVER SE	y or Town, State PRING, MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1/	FRANC		LLINS FUN		OME, INC. SP., MD 20901
	21 PARTA. Enter the diseases, or ahock, or heart fellure.	complications that cause on a	d the death. Do not each line.	enter the mo	de of dylng, suc	h ss cardlec or re-	spiratory arres	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Myoca	A Led 14   A CONSEQUENCE OF):	In+	arcti	on		Minutes  Ase years
CATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	OUE TO (OR AS	A CONSEQUENCE OF):	otice	Cardio	rascula	-1)154	ar years
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF):					
PHYSICIAN: MEDICAL	PART II. Other significant condition	ns contributing to death b	but not resulting in	the underlying	g cause given in	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN: N	25. WAS CASE REFERRED TO MEDICAL			26 Pi	ACE OF DEATH (Ch	neck only one)		
YSICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	patient 3 DOA 4	THER:		8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH  Netural 5 Pending  2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (INJUR	M 1 🗆	YES 2 NO	28d. DEŞCRIBE HO		RED
ETED	3 Suicida 8 Could not be 4 Homicide detarmined	building, atc. (Spe	ocfly)	set, factory, offic		City or Town, St		runa ruuta runtuu,
COMPLET	one) 2 MEDICAL EXAMIN							I. cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE  Oanland	tre had	Ex9	minor	Do 1	852	≥ 9.	SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON W  PAUL A. DEVO  31. DATE FILED (Morith, Day, Year)	REMID, 4	1203 QUEC	nsbur	y Rd H	pattsul	le Mi	20781
	SEP 24 '9		Davidson-Rand	lappe				DHMH-18 Rev 1/89

S. 18 M.  TYLIND 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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ION	R. Al	100
ATT	ECTO	n 28
8	DIR	Item
PITA	ERAL	T. H
<b>F</b> 08	FUN	IAN
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be required to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages in a study within 29 hours after death with the State having of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
2	2	3 =

	* REGISTRAR		CE	DISCI	CALE OF	DEATE		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIA	ANG TIOL	TATA.	יותר יות יותר כי כיו	מהח		DATE OF DEATH MONTH DA	9. 19	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	VARD	FLEISS	IF UNDER 24		Sept. 1	7.	8. BIRTHPLACE (State or Foreign
	055-07-6555	1 NM 2 F	75		ONTHS DAYS		20121	(Month, Dey, Year) MAY 19,19	15	Country) NEW YORK
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN	OR LOCATION				NTY OF DEATH
œ	C1 251	27 2 1 2 1 - 2	1		7	3.1			- al	3/
FUNERAL DIRECTOR	St. Mary's	Hospital			Leon	ardtow	WIL		51	Mary's
Ä	10s. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION				10d. WSIDE CITY LIMITS?
10	MD. ST.	MARY'S C	.O.		CALIFOR	AIV				1 YES 2 NO
4	10e. STREET AND NUMBER				10	. ZIP CODE			10g. CITI	IZEN OF WHAT COUNTRY?
H.	RT. 2, BOX 236-A					2061	9		U.	S.A.
2	11. MARITAL STATUS	12. WAS DECEDENT						ORIGIN? (Specify Yes		14. RACE — American Indian, Black, White, atc.
Ī.	1 Never Married 2 X Married	FORCES? 1 [ IF YES, GIVE WA		10		ecify Cuban,		uarto Rican, atc.)		
ВУ	3 Widowed 4 Divorced				1	24	open,			Specify: WHITE
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S U	SUAL OCCUPATION done during me	DN set of working		16b. KIND OF BUS	SINESS/INC	DUSTRY
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT use	retired.)	St Or WORKING				
P	8TH, GRADE		MAI	NTANE	ENCE SU	PERVIS	SOR	MOVING	& ST	ORAGE CO.
ō	17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME (	(First, Middle, Meiden	Sumame)	
	EDWARD FLEISSNER					ANN	JA RUI	HLMAN		
BE	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	AOORESS (Street			e Number, City or Tow	n, State, Zip	code)
2	HELEN J. FLEISSNE	סי		כ ידיכ	BOX 2	36-A	CALT	FORNIA, N	/D 2	0619
	20s. METHOD OF DISPOSITION				TION (Name of ce					City or Town, State
	1 Buriel 2 Cremetion 3 Rem	oval from Stata	other pla	ece)						ON PARK, MD.
	21. SIGNATURE OF FUNERAL BERVICE LIK	CENSEE A	TIMMAC	UL A		ND ADDRESS			TINGI	ON PARK, PID.
		Lard	/ '						NERAI	L HOME, P.A.
	* Puchael &	. Harol	mer							MD. 20650
	23. PART I. Enter the diseases, or o				ot enter tha me	de of dylng	g, such a	s cardiac or resp	ratory an	
	aheck, or heart failure.  IMMEDIATE CAUSE (Final					^				Interval Between Onset and Death
	diseesa or condition	COA	dio	R	0.09	Peri	0111	16		
1 1	resulting in death)	DUE TO (	OR AS A CONSEC	QUENCE OF	: 1	100	~~~	()		
2		a. DUE TO (	texte	etic	: (	arc	ENE	ma	100	1100
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	OUE TO (	OR AS A CONSEC	QUENCE OF	:					
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	G.								
ᄩ	thet initiated events	DUE TO (	OR AS A CONSEC	DUENCE OF	:					
E	resulting in dasth) LAST	d								
	DART II On an al-militar at one distant		445- b4				1- 6			Tan war war and a second
EDICAL	PART II. Other significant condition	e contributing to t	death but not r	esuiting ii	the underlying	g ceuse giv	ven in Par	rt I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8								_ 1 TYES 2	NO NO	OF DEATH?
ME								_		1 TES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF OE	ATH (Check	only one)		
100	1 TES 2 NO	1 X Inpetient 2	ER/Outpatient 3		OTHER: 4 - Nursing Hor	ne 5 🗆 Rael	Idenca 6	Other (Specify)		
PHY	27. MANNER OF DEATH	28a. DATE OF I (Month, Da		28b. TIME		JURY AT DRK?	28	d. DESCRIBE HOW	NJURY OC	CCUREO
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, 10m/	11100		YES 2	NO			
	3 Suicide 8 Could not be	28e. PLACE OF	INJURY - At ho	me, farm, s	reet, factory, offi	ca	28	Bf. LOCATION (Street City or Town, State)		or or Rural Route Number,
딢	4 Homicide determined	bullding, s	ine (Specify)					City or lown, State,		
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of a	my knowledne de	ath occurre	d at the time dat	and place a	and due to	the cause(s) and me	nner en ets	ted
N N	(Oribon Orly									the cause(s) and manner as stated.
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BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R.	MA	· de	KI A	29c. LICEN	NSE NUMBE	F	29d. DA	TE SIGNED (Month, Day, Year)
9	100	arr	- 40			D 3	3470			7/11/20
-	30. NAME AND ADDRESS OF PERSON WE					20650				
	B.A. JHAVERI, M.		NARDTOW	•		20000				
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	. Davidson	Randas	20					
	SFP 20'90	2.12	. Davidson-	-1/						



	1 - STATE REGISTRAR  1. OECEDENT'S NAME (First, Middle, Last)		CE	RTIF	ICATE	OF	DEAT	Н	2. OATE OF	REG. NO			
	1. DECEDENT'S NAME (FIRST, MIDDIE, LEST)	Mildred	L. Fe	e11					Sept.		199	VEAR	12:20 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF (Month, E	BIRTH Day, Year)		8. BIRTNPI Country)	LACE (State or Foreign
	577 20 0045	1 M 2 X F	68	YRS.		DATE	HOOKE	mare.	Oct.	26 1		Low	7a
_	9a. FACILITY NAME (If not institution, give s						R LOCATIO	ON OF DI	EATN			INTY OF OE	
5	AMI Doctors Hospi	tal			La	nhan	1				Prir	ice Ge	orge's
E	10a. STATE 10b. COUNT	r		10c. CIT	Y, TOWN	OR LOCAT	ION						IOd. INSIDE CITY
DIRECTOR	Maryland Anne	Arundel			Cro	ftor	ı					1	LIMITS?
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ij l	1689 Tarleton Wa						21114					ited	STates
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 K Married 3 Widowed 4 Divorced		T EVER IN U.S. AR  X YES 2 1			If yes, ap	ENDENT O polity Cubar 2 X NO	n, Maxica	NIC ORIGIN? ( in, Puerto Ric y:	(Specify Yea an, etc.)	n or No	Black,	- American Indian, White, atc. White
8	15. DECEDENT'S EDU (Specify only highest grade		1Se. DE	CEDENT'S	USUAL O	CCUPATIO	ON et of workin		16b. K	IND OF BU	SINESS/IN	OUSTRY	
Ψ.	Elementary/Secondary (0-12)	College (1-4 or 5	F)				at of workin	9			1		
MP		3	Reg	iste	red	Nurs	е			Hosp	ital		
COMPLETED	17. FATNER'S NAME (First, Middle, Last)								AME (First, Mid		Surname)		
BE	Arthur 0. Olson							elen					
2	19a. INFORMANT'S NAME (Type/Print)								fton		n, State, Z. 2111		
	Reid C. Fell		20b, PLACE						) L L OII	-		- City or Tow	- 04-4-
	1 25 Burial 2 Cremation 3 - Ram	oval from State	other pl	ace)					C				
	4 Donetten 5 Other (Specify) Lakemont Memorial Gardens Davidsonville Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ACCRESS OF FACILITY											e riu.	
	* KN of E	Evan	Pa						Funer				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,												
	23. PART I. Enter the diseases, or complications thet caused the deem. Do not enter the mode of dying, such as cardiec or reaprratory arrest, ahock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition											interval Batween Onset and Death	
	resulting in death)	a. DUE TO	(OR AS A CONSE	OUENCE C	CON	~0	_						3 months
z		b,											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE C	F):								
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PHYSICIAN: MEDICAL	PART ii. Other aignificant condition	na contributing to	death but not	resulting	in the u	nderlyin	g cause (	given in	Part i. 2	PERFO			WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă									—	T YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
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AN	25. WAS CASE REFERRED TO MEDICAL					24.0	ACE OF D	EATN CO	heck only one)				
2	EXAMINER?	HOSPITAL:	7 5000-4-11-1		OTHE	R:							
H	27. MANNER OF DEATN	2Se. DATE O	ER/Outpetient 3	28b. Til			URY AT	sidence	S Other (		INJURY O	CCURED	
	1 Netural S Pending	(Month, I	Day, Year)	IN	JURY	W	YES 2	NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE (	OF INJURY — At he	ome, farm,	street, fac	tory, offic						er or Rural Ro	oute Number,
COMPLETED	4 Homicide determined	bunding	, etc. (Specify)						City or	Town, State	")		
2	29a. CERTIFIER Check only 1 CERTIFYING PNYS	ICIAN: To the best o	f my knowledge, de	eath occur	red at the	time, detr	and place	, and du	a to the cause	e(a) and ma	nner as st	tated.	
WO	one) 2 MEDICAL EXAMIN												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	P.7	~				29c. LIC	ENSE NU	IMBER		29d. D/	TE SIGNED	(Month, Day, Year)
) BE	Joling	Lugar	-C03				00	2 0	193		19	(121	90
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL			e, Print)	=			150	w16		کوم	1
	31. DATE FILED (Month, Day. Year)		AR'S SIGNATURE									-	
	SEP 18 '90 d	ulia Davidson	- Randell										

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as Ima is be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the The Hospital Organization and completely and completely according to the attending physician and completely according to the property of the strength of the property of th

BALTIMORE, MARYLAND 21203-314

nours after death. Page 6 may be retained by the hospital or attending

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burial-transit permit. Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phoe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	3

								10.			
- 1	1. DECEDENT'S NAME (First, Middle, Lest)			N. S. A.			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	John Cold	an Futt	y Sr				Septemb	er 1		90 17:05	
	The state of the s			MONTHS D	YEAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year,		8. BIRTH	PLACE (State or Foreign	
	213-01-2304	1 ☑ M 2 □ F	7.0 YRS.		I III		9-1-192	0	Nort	h East. M	
	9a. FACILITY NAME (If not institution, give stre	et end number)		9b. CITY, T	OWN OR LOCAT	ION OF DEA	ATH		INTY OF DE		
5	Union Hospital	of Cecil	County	El	kton			Ce	cil		
5	RESIDENCE OF DECEDENT										
4	10e. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR	LOCATION					10d. INSIDE CITY LIMITS?	
5	Maryland Cec	il	N	orth	East					1 TYES 2 NO	
4	10e. STREET AND NUMBER				101. ZIP COE					HAT COUNTRY?	
5	836 Hances Poir	nt Road			219	01		U.	S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVE					IC ORIGIN? (Specify	Yes or No-	14. RACE	- American Indien, White, atc.	
	1 Never Married 2 Merried	FORCES? 1 YE			YES 2 NO		i, Puerto Rican, atc.)		Specif		
2	3 Widowed 4 Divorced								Wh	ite	
3	15. DECEDENT'S EDUCA (Specify only highest grade of	TION propieted)	16a. DECEDENT'S	USUAL OCC	UPATION	ina	16b. KINO OF	DUSINESS/IN	OUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	ing most of work	my					
1	12 N	/A	Carpe	enter			U.S.	Gove	rnme	nt	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOT	HER'S NAM	AE (First, Middle, Mei				
	John Futty					Lida	Arrant	S			
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			loute Number, City or		ip Code)		
2	Opal Futty		836	Hanco	c Poi	n+ D	d Nort	h Ea	c+	MD 21901	
	20e. METHOD OF DISPOSITION		20b. PLACE OF DISPO					LOCATION -			
	1 K Buriet 2 Cremetion 3 Remov	ral from State	other place)								
	21. BIGNATURE OF BUNERAL SERVICE LICE	unes //	Mart's		ME AND ADDR			rth	East	, MD	
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	127 S. Main St. North East, Mi										
z		CONG OR A	S A CONSEQUENCE O	PF):			1	/		10/(2)	
3 .	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
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ICAL CERTIFICATION	CAUSE (Disease or injury that initiated events				arlying cause	given in i	PER	AN AUTOPSY FORMED?	24b.	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE	
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EDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions				ariying cause	given in i	PER	FORMED?	7 24b.	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
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BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 6 Pending	Contributing to deet	but not resulting	OTHER: 4   Nursin	26. PLACE OF  10 Home 5 Mg  10	OEATH (Che	PER 1 YES	W INJURY O	CCUREO	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
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BALTIMORE, MARYLAN TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23-TO THE PLINERAL DIRECTION: After this certificate has been signed by the attending physician and completely fills be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the DIVISION OF VITAL RECORDS, P.O. BOX 13146,

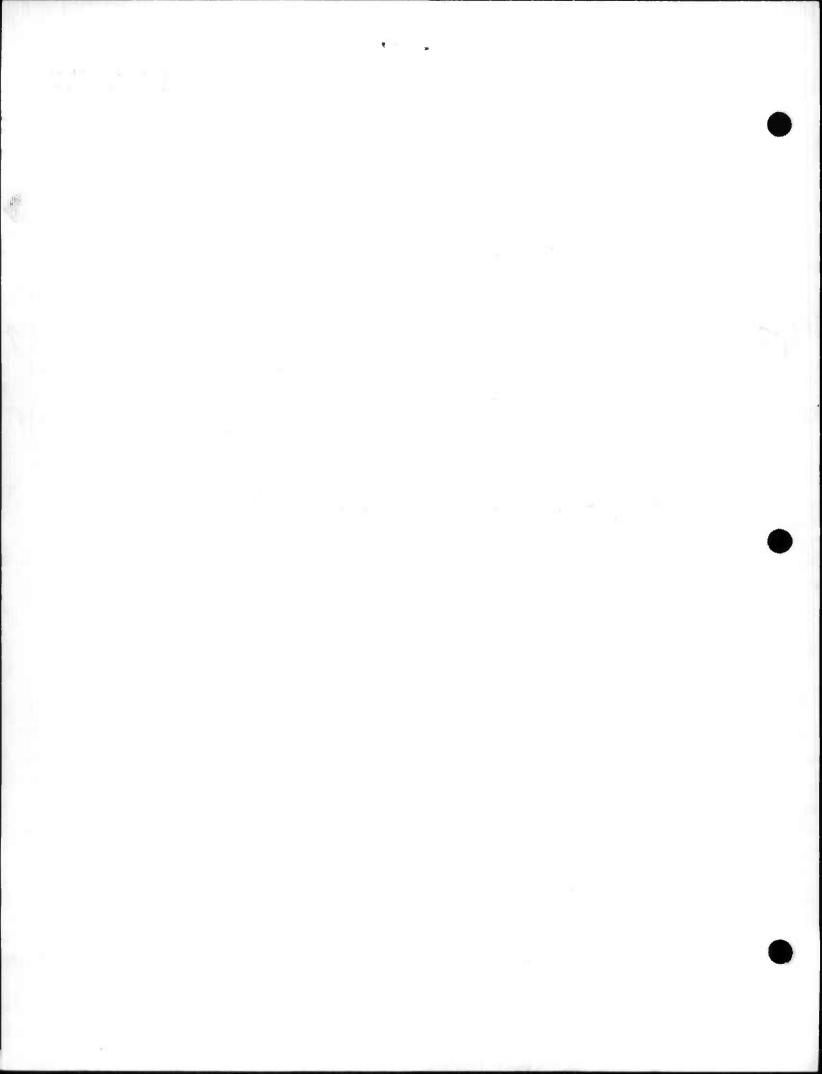
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TTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the N	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deserted	1	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

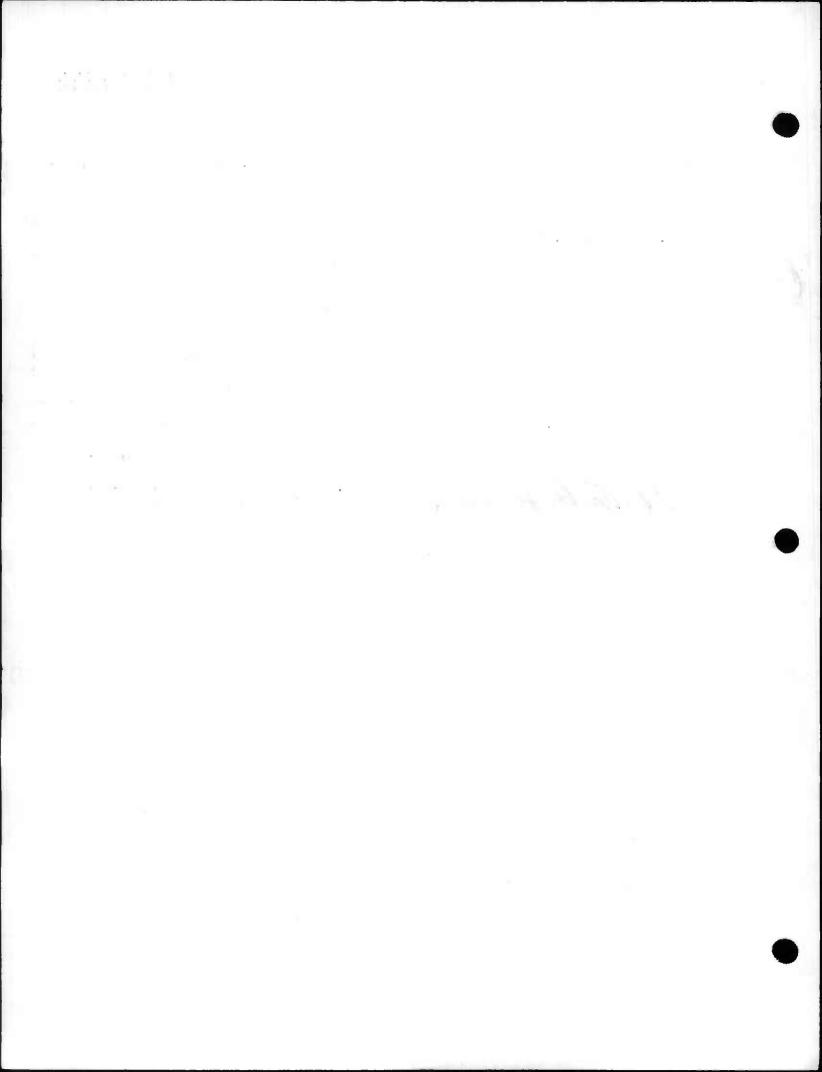
27543 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE REGISTRAR	STATE OF M	IARYLAND / DEP CERT			EALTH AND N DEATH	MENTAL	REG. NO.	E 31	0 6	1040
	1. DECEDENT'S NAME (First, Middle, Lest)  JAMES		ROBERT		FLO	VERS	2. DATE	of death 21	<u>پ</u>	3.	2:50 A m
	4. SOCIAL SECURITY NUMBER 216-78-0661	5. SEX 1. M 2 . F	8. AGE (In yrs. lest birthdi	B. MONTHS	DAYS	IF UNDER 24 HRS. HOURIE MIN.	Apri	De BIRTH Day, Year)	1974	Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at Union Hospital RESIDENCE OF DECEDENT		County	9b. CITY		r location of de Lkton	ATH		9c. COUNT	Ceci	
DIREC	10a. STATE 10b. COUNTY MD Ceci			city, town o							d. INSIDE CITY LIMITS? YES 2 \( \) NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 30 Hill Top Roa	ıd	•		101.	ZIP CODE 21919					T COUNTRY?
B	11. MARITAL STATUS  1. Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Maxican, Puerto F  1 YES 2 NO Specify:						American Indian, thita, atc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		•)	of work done of use retired.)	CCUPATIO during mo	N at of working	16b.	KIND OF BUS		STRY	
NO.	17. FATHER'S NAME (First, Middle, Last)		Stu	dent	-	18. MOTHER'S NA	ME (First. I				
ŏ	James Robert Flow	vers. Sr.				Jewel N					
BE	19e, INFORMANT'S NAME (Type/Print)		195. MAIL	ING ADDRES	S (Street a	nd Number or Rural F				ode)	
임	Jewel Hanifee		30	Hill	Top	Road, Ea	arlev	ville,	MD 2	21919	)
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE OF DIS other place)	alena					cation – ch alena,		, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE  A HARY B.	Fellow	C	Fe	ello	vs Funera Box 270	al Ho		n MD 2	21651	
CERTIFICATION	ahock, or heart failura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Mult DUE TO  b. OUE TO	ciple Injur (OR AS A CONSEQUENC (OR AS A CONSEQUENC	E OF):							Interval Batween Onset and Death
PHYSICIAN: MEDICAL CER	PART II. Other algolificant condition	d	deeth but not result!	ing in the U	nderlyln	g cause given in	Part I.	24a. WAS AN PERFOR	RMED?	O O	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? X YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☒ YES 2 ☐ NO	HOSPITAL:	XER/Outpatlant 3 🗆 DO	OTHE	R:	ACE OF DEATH (Ch					
H	27. MANNER OF OEATH	28a, OATE OF (Month, L	FINJURY 28b.	TIME OF	28c. INJ WC	URY AT	20 A 1 - CE	SCRIBE HOW			
BY	1 Natural 5 Pending  Natural Investigation	9-21-	-90 1:	27 A ^M	1 🔲	AA					auto impact
						•	Part Fart	ation (Street or Town, State) ningto	Biggs n Rd.	Hwy Cec	old county.
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.  2 X MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner								MD and manner as stated.		
BE C	295. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE NUI	MBER		29d. DATE	SIONED (M	fonth, Day, Year)
TO B	Monald & C	O COMPLETED CAU	SE OF OEATH (ITEM 27)	(Type, Print)		OCN	Œ		▶ 9	-22-	90
5	Donald Wright, M.D., Deputy Chief 111 Penn Street, Baltimore, MD 21201 Vl  31. Date Filed (Monte, Depk Man)  32. Resistrar's signature  July 2007  34. Resistrar's signature  July 2007  Annual 2007  An										



BALTIMORE, MARYLAND 21203-31-6	ther death. Page 6 may be retained by the hospital or attended programmer.	the funeral director, page 5 should be detached for use as the pure funeral permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attended in the hospital or atte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the set the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the set the certificate has been of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

									3. TIME OF DEATH					
	ROY		FISHER							монтн 09	17		90	6:35 p.m.m
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF B	HTTH , Year)	200	8. BIRTH	PLACE (State or Foreign
	213-22-1908		1)∑ M 2 ☐ F	69	YRS.							WHILL, MD.		
	9a. FACILITY NAME (If not institution, give street and number)  JOHNS HOPKINS HOSPITAL					96. CITY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  DAT TELMODE: CETTY  DAT TELMODE: CETTY								
5	RESIDENCE OF DECEDENT					BALTIMORE CITY BALTIMORE						OKE		
DIRECTOR	10a. STATE 10b. COUNTY					1 144						10d. INSIDE CITY LIMITS?		
									_					1 TYES 2 NO
FUNERAL	10e. STREET AND NUMBER	022 EL	LSWORTH	STREET			101	2123	7			10g. CIT		NAT COUNTRY?
5	11. MARITAL STATUS  1 Never Married 2	W.C. 64		IT EVER IN U.S. AR						IIC ORIGIN? (S _I		or No—	14. RACE Black	— American Indian, White, etc.
B	3 Widowed 4 Divo			MAR OR DATES					Specify				Specif	
	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)	(Gi	CEDENT'S	work done			ng	16b, KIN	D OF BUS	HESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	ABOR					00	D JO	OBS		
BE CON	17. FATHER'S NAME (First, M	iddie, Last) ILLIAM	FISHER					16. MOT	HER'S NA	ME (First, Middle HATT			NSON	
TO B	190. INFORMANT'S NAME (1		M. TAYLO	47.44						ROAD, S				21863
	28a. METHOD OF DISPOSIT  1X Burlel 2 Crematic  4 Donation 6 Other	n 3 🗆 Rem	oval from Stata	COUL.				metery, crei	matory or				City or To	yn, Stata , MD .
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	~ 0		22.	NAME A	ADDRE	SS OF FA	CIUTY	וו רו	IVDEI	DT	F 2
	perel	la B	2. Jole	les				. BOX,	920	MEMORIA SALIS	BURY	A ME	21	801
	23. PART 1. Enter the d ahock, or h	lasases or c	complications the	at caused the de use on each line	ath. Do	not antei	the mo	de of dy	ing, suc	h aa cardiac	or respi	ratory a	rrest,	Approximats Interval Between
1	IMMEDIATE CAUSE (Fir disease or condition	nal	<i>(</i> -,	100.0					100					Onset and Death
- 1	resulting in deeth)	<b>→</b>	s. DUE TO	VEDIO F	DID PUL MONARY ARREST 30 MILL AS A CONSEQUENCE OF):							שתעטוא בוצ		
_				PERTE										10 YEARS
UTIO	Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONSE	DUENCE O	NCE OF):								
FIC	CAUSE (Disease or Inju		cDUE TO	OR AS A CONSE	DUENCE O	E OFI:								
CERTIFICATION	that initiated events reaulting in death) LAS	т	d											
	PART II. Other algnifica	nnt condition	s contributing to	deeth but not i	resulting	In the u	nderlyin	g cause	given in	Part I. 244		AUTOPSY	24b	. WERE AUTOPSY FINDINGS
\$						P					PERFOR	130		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL										_	/			1 YES 2 NO
S	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:	,		OTHE		LACE OF I	DEATH (Ch	eck only one)				
PHYSICIAN:	1 VES 2 NO		1 Inpatient 2	ER/Outpatlant 3	26b. TIR			JURY AT	lesidence	6 Other (Sp 28d, DESCRI		MUNITED OF	CHRED	
BY PI	> 1	Pending Investigation		Day, Year)	IN	JURY	W	YES 2	□ NO	Zou. Descri	BE HOW !	moon1 or	JOONED	
ED		Could not be determined		OF INJURY — At he , atc. (Specify)	ome, farm,	street, fac	tory, offi	) in		26f. LOCATIO City or To	ON (Street own, State)		er or Runal i	Route Number,
COMPLET	one)		ICIAN: To the best of											e) and manner as stated.
BE	296. SIGNATURE AND TITLE	or CERTIFIE	ewwo	us A 1	B			29c. LIC	32 g	MBER B16		29d. DA	9/18	(Mogth, Day, Year)
2	30. NAME AND ADDRESS O	F PERSON WH			M 27) (Typ		NE	- 1	10	2/.	20	2		
4	31. DATE FILED (Month, Day,	19n	1 0	Davison										
- 11	יין ויין	~	The Ha	NUW WOON-	TUTTOL									



FUNERAL

ВҰ

COMPLETED

BE

0

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

31. DATE FILED (Month, Day, Year)

SEP 28

TO THE HOSPITAL D
TO THE FUNERAL D
be filed within 72 hc
IMPORTANT: If it

60

item 28

BALTIMORE, MARYLAND 21203-3146	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pernwithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	AANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
13146,	recuted withlin	and completel burial, crema	atic event,
BOX	cate be ex	e prior to	er traum
P.0.	ath certifi	ttending parties	or oth
DS,	at the de	by the ar	y injury
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	requires th.	been signed of Health	shows an
TAL	: The law	cate has t	Item 23
F VI	IYSICIAN	is certification is the S	ed, or
ONC	NING PH	After thi	mark
/ISIC	ATTEN	ECTOR: s after	1 28 is
5	TAL DR	AL DIR	If Hen
	SPIT	ER	=

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 990 4. 00 Am FLETC September BILLIE KATHRYN 7. DATE OF BIRTH (Month, Day, Year 8/1/30 4. SQCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 32-170 1 🗌 M 2 💢 F 60 USA 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Peninsula General Hospital Salisbury, MD Wicomico RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Virginia Accomack Horsey 1 - YES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 23396 USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 2 X NO 1 Never Married 2 X Married Specify. 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Domestic 12 17. FATHER'S NAME (First Middle Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Buford Woods Yholanda Martin 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) S.R. 1, Box 38, Horsey, VA. 23396 W. Beverly Fletcher 20a. METHOD OF DISPOSITION

|X | Buriel 2 | Cremetion 3 | Re 20b. PLACE OF DISPOSITION (Name of cemelery, crematory or 20c. LOCATION — City or Town, State John W. Taylor Memorial Cemetery Temperanceville, Va. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Williams-Parksley Funeral Home, Inc. #176. - P. O. Box 5, Parksley, VA.2342 23. PAH Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or haert fellure. List only one ceuse on each line. Approximata Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** Breast Concer disease or condition Metastatic car reculting in daeth) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immedieta cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Unpetient 2 ER/Outpetient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending Investiga 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town State) 3 Suicide 6 Could not be 4 Homicide determined 29s. CERTIFIER

Thank ank

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER D26278 M.D 9 PLEXED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

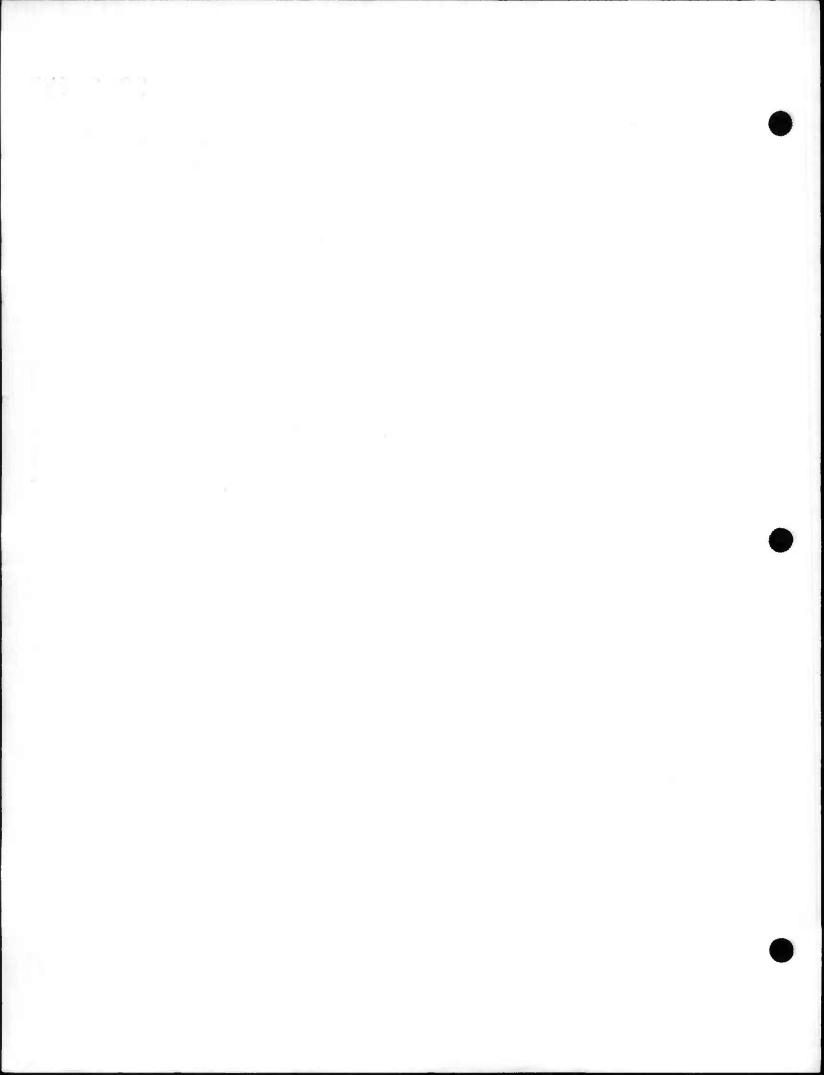
Julia Davidson-Randall

-		REGISTRAN		CENTIF	ICATE OF	DEATH	REG. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) $Leonio I$	Gra	bowst	k j		2. DATE OF DEATH DO	7 %	3. TIME OF DEATH
	1	10/2 -1-4	6. AGE (	(In yrs. lest birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign ounter)
	H	90. FACILITY NAME (If not institution, give street	et and number)	1	9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
1	KI	RESIDENCE OF DECEDENT	901104		-	Toolin	7	7,1041	
1	M I	10a. STATE 10b. COUNTY		TION			10d. INSIDE TY		
	L DIRECTOR	Maryland Mon	itgomery	Sil	lver Spr	ing	1 ₩ YES 2 NO		
	FUNERAL	8811 Colesville	Road		10	20910			OF WHAT COUNTRY?
П	5 1		12. WAS DECEDENT EVER II				NC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian,
	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO		pecify Cuban, Mexica 3 2 X NO Specifi	n, Puerto Rican, atc.) y:	1	Black, White, atc. Specify: White
	TEO	15. DECEDENT'S EDUCA (Specify only highest grade co	impleted)	16a. DECEDENT'S (Give kind of life, Do NOT u	work done during made retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY
ı	COMPLET	Elementary/Secondary (0-12) 1-12	College (1-4 or 5+)  3 years				T- IIC	0	4
4	\$	17. FATHER'S NAME (First, Middle, Last)	J years	Cler	k, McGra		Inc. US		ient
Y	8								
J	8	Ivan Grabowski					V. Tverdo		
4	P	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip Cod	ie)
ij	- 1	Galina Grabow	ski		311 Cole	sville Ro	oad, Silve	r Sprin	g, Md, 20910
100	}	20s. METHOD OF DISPOSITION  1 \( \sum_{\text{Burilel}} 2 \superset \text{Cremation} 3 \subset \text{Remov} \)  4 \( \subset \) Donation 5 \( \superset \) Other (Specify)		other place) Roc	ck Creek	Cemetery or	y Wa:	shingto	
	ļ	21. SIGNATURE OF FUNETIAL SERVICE LICE	SEE.	-/		ND ADDRESS OF FA	CLITY i Funeral 1	Uomo	
CAGI		1 Surk E	-11/100	K					g. Md. 20904
3		23. PART I. Enter the diseases, or co	mplications that cause	d the death. Do					
5	1	shock, or heert fellure. Li	st only one cause on e	each line.		out or ayg, out			Interval Between
2	1	IMMEDIATE CAUSE (Finel disesse or condition							Onset and Death
		resulting in death)	Lu	ng Can	cen				
	ł		DUE TO (OR AS	A CONSEQUENCE C	OF):				
200	Z	Sequentielly list conditions, b.							
	Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OH AS A	A CONSEQUENCE O	JF):				
3	걸	CAUSE (Disesse or Injury C.	0115 70 (00 40	A CONSEQUENCE (		-			
	CERTIFICATION	that initieted events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE (	or);				į į
5	E	d.							<u> </u>
		PART II. Other significent conditions	contributing to deeth I	but not resulting	In the underlyle	ng cause given in			24b. WERE AUTOPSY FINDINGS
	EDICAL						PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
9	<u>ā</u>	<u> </u>					1 YES :	2 TNO	OF DEATH?
	2						— 1		1 YES 2 NO
3	ż								
	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/	heck only one)		
	SI		1 Pinpetient 2 ER/Out	tpetient 3 🗆 DOA		me 5 🗆 Residence	6 Other (Specify)		
3	Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til		JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
N N		1 Natural 5 Pending	(World, Day, Har)			YES 2 NO			
	BÝ	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJUR	Y — At home, farm,	street, factory, off	Ice	28f. LOCATION (Street		Rural Route Number,
97	H	4 Homicide detarmined	building, atc. (Spe	эспу)			City or Town, State	)	
	7	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my know	wiedge, death occur	rred at the time, da	te and place, and du	to the cause(a) and me	nner as stated.	
	COMPLETED	conton only							suse(a) and manner as stated.
MIAN	В	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SH	GNED (Month, Day, Year)
2	0	Steen Value	3	-		D2193	51	1-9-1	7-90
=	2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Two	oe, Print)		- 1		·
		2101 madia	e Park	Dr.	Silver 3	Jani.	mel		
		31. DATE FILED (Moods, Day, Mar)	2 Parts 32 Hearstrays sign fully Davids	NATURE Rando P	2	7 1 1			
1		OFI FO DO	1						

spital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	AIL OF BEATTI	HEG. NO.	
	1. DACEDENT'S NAME (FIRST, MICHIGING, LOST) LEANNETTE G/AZER	2	2. DATE OF DEATH	90 6:31 A M
		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) (0 30 22	8. BIRTHPLACE (State or Foreign Country) Washington, DC
		CITY, TOWN OR LOCATION OF DEA	NTH 94	c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	Silver Spring,	Md.	fontgomery
REC	10e. STATE 10b. COUNTY 10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LJMITS?
	Md. Montgomery	NSINGTO	γ_	1 YES 2 NO
FUNERAL	10. STREET AND NUMBER CONN AVE #41	7 20895		0g. CITIZEN OF WHAT COUNTRY?  USA
F	11. MARITAL STATUS  1 Never Merried 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican	, Puarto Rican, atc.)	Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 ☐ YES XX NO Specify:		Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S US (Give kind of world)	done during most of working	16b. KIND OF BUSINE	ESS/INDUSTRY
LE.	Elementary/Secondary (0-12) Cottege (1-4 or 5+) Housew	·	Own Home	
OM	17. FATHER'S NAME (First, Middle, Last)		NE (First, Middle, Maiden Sun	
BE C	Charles I. Hollod	Dora L	ester	
10 8	Parameter (Control of the Control of	ORESS (Street and Number or Rural R		
		uth Ora Ct.; Gr		I . 20770
	** Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) King David	Memorial Garden	Falls	Church, Va.
	21. SIGNATURE OF FUNERAL, SERVICE LICENSEE	22. NAME AND ADDRESS OF FAC	Danzansk	y-Goldberg Mem. Ch
	al. ). From	<u> </u>		cville, Md. 20852
	<ol> <li>PART I. Enter the diseases, or complications that caused the deeth. Do not ahock, or heert failure. List only one cause on sech line.</li> </ol>	enter the mode of dying, such	ss cardiec or respirat	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	DAGO T		Onest and Death
	resulting in death)  a. Conduction  Due to (or as a consequence of):	2 wish		[pyendisor
Z		meast CA		
CERTIFICATION	Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING			
IFIC	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):			
ERI	resulting in deeth) LAST			
	PART II. Other significant conditions contributing to deeth but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AU	
EDICAL			1 YES 2 2	COMBI ETION OF CALLER
	n =		_	1   YES 2   NO
ARC	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Che	ork only one)	
SICIAND	EXAMINER? HOSPITAL:	THER:  Nursing Home 5 Residence		
PHY	27. MANNER OF DEATH  1. Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)  1. Netural 5 Pending	OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	URY OCCURED
ВУ	2 Accident Investigation 28e, PLACE OF INJURY — At home, farm, str		28f. LOCATION (Street and	f Number or Rural Route Number,
TED	3 Surrore 8 Could not be building, etc. (Specify) 4 Homicide determined		City or Town, State)	
IPLE	29a. CERTIFIER (Check only one)	et the time, data and place, and due	to the cause(a) and manne	r as stated.
COMPLET	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation,		West of Personal Person State	
BE	29b. SIGNATURE AND THE FOF CERTIFIER	29c. LICENSE NUN	IBER 2	29d. DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, P		7.57	7118190
	Stephen Yeskovid MD	1500 Forest	Glar Rd	Slar Span MO
	31. DATE FILED (Mohit), Day, Year)  SFP 2 0 30 32. REGISTRAR'S SIGNATURE			
	SEP 20 90 Gulia Davidson Randos	2.		



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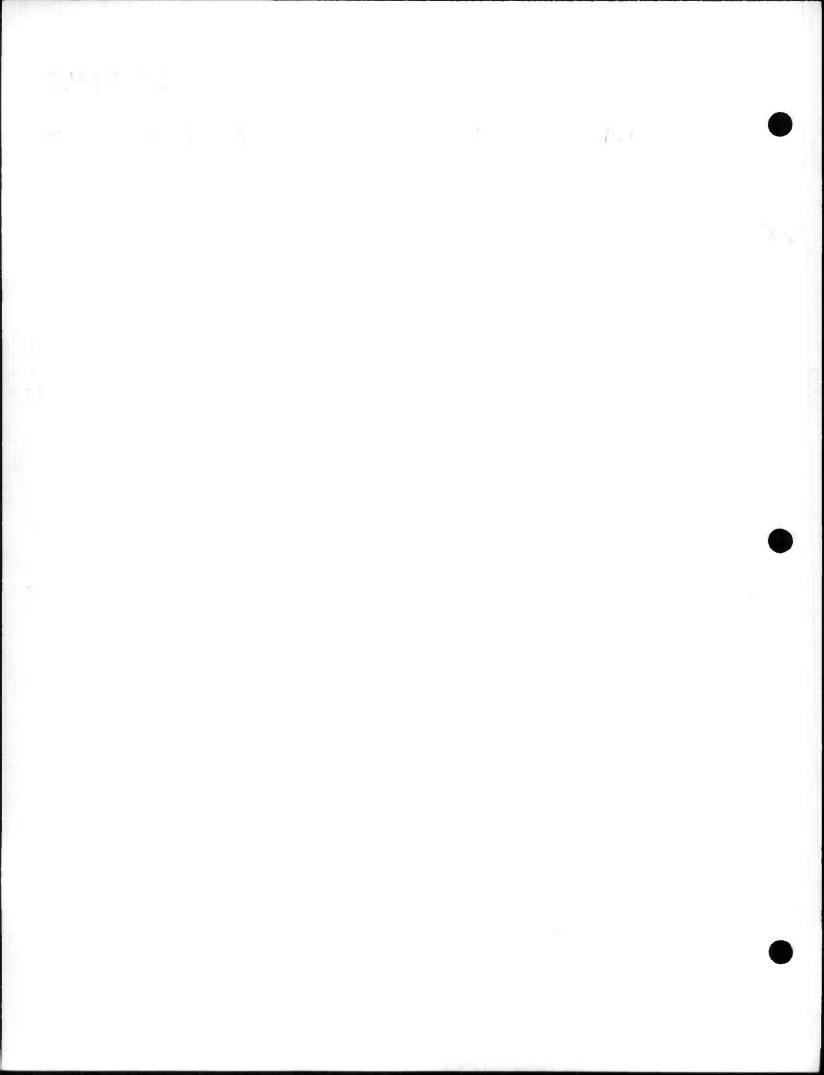
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year) SEP 24 90

32. REGISTRAR'S SIGNATURE
JUNE DAY (150)

TO BE COMPLETED BY FUNERAL DARECTOR

1 - REGISTRAR				CERTIF	ICATE (	OF DEA	XI H		REG. N	0.		
1. DECEDENT'S NAME (First,		C A	. 1	-	0.10			2. DATE	OF DEATH	gay ,	YEAR	3. TIME OF DEATH
Kalo		Edwar			are ve			9	-2	7 -	40	2 1- A M
4. SOCIAL SECURITY NOME 579-36-1237		5. SEX		rs. lest birthday) 62 YRS.	MONTHS DA	EAR IF UND AYS HOURS	ER 24 HRS.	(Mont	OF BIRTH h, Day, Year)	1000	Coun	HPLACE (State or Foreign try) RYLAND
9a. FACILITY NAME (If not in		Λ		02	Oh CITY TO	WN OR LOCA	TION OF D		Y 8,	_	UNTY OF	
HOLY CROSS HOSPITAL SILVER SPRING MONTGOME												
RESIDENCE OF DECEDENT								1				
10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATI												10d. INSIDE CITY LIMITS?
MARYLAND MONTGOMERY SILVER SPRING										1 YES 2 NO		
10e. STREET AND NUMBER						10f. ZIP CC	DE			10g. C	TIZEN OF	WHAT COUNTRY?
11811 GEC	RGIA	AVENUE				20	902				USA	
11. MARITAL STATUS 1 Never Married 2 3 Strong		12. WAS DECEDEN FORCES? 1 IF YES, OIVE V	YES :	2 XNO	If ye	B DECENDENT Be, specify Cu YES 2 N	ban, Maxica	n, Puerto		fes or No—	Blee	CE — American Indian, ck, White, etc. city: WHITE
	EDENT'S EDU		16	Se. DECEDENT'S	USUAL OCCU	PATION	rkina	168	. KIND OF E	USINESS/II	NDUSTRY	
(Specify only Elementary/Secondary (6	y highest grade 1-12)	College (1-4 or 5	+)	life. Do NOT L	work done durii se retired.)	IN THUSE OF WO	ning					
-3-00-10-51-00-11		5+		OWNER/	OPERAT	OR		7	TIRE .	& APP	LIAN	CE COMPANY
17. FATHER'S NAME (First, M	liddle, Last)					18. MC	THER'S NA		Middle, Maid		_	
RAYMOND		GRAEVE	S			F	EDNA			Н	ALL	
19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	D ADDRESS (S	treet and Num	ber or Rural	Route Num	ber, City or 1	own, State,	Zip Code)	
MARGARET EL	AINE (	GRAEVES (	WIFE)	1181	1 GEOR	GIA AV	ENUE	SIL	VER SI	PRING	. MA	RYLAND 20902
20a. METHOD OF DISPOSIT 1 □XBurial 2 □ Crematic		noval from Stata	00	LACE OF DISPO	SITION (Name	of cemetery, c	rematory or					Town, Stata
4 Donation 5 Other			GE	ORGE W					. Al	DELPH	I, M	ARYLAND
21. SIGNATURE OF FUNERIA	IL SERVICE U	CENSEE	/	//	FRAT	ME AND ADD	RESS OF FA	CILITY	ומודו	TDAT	DOME	, INC.
18/10	# 7	182	21	6								MD_20901
						LINEVE						
22-PARY I. Enter the d												Approximate
ahock, or h	eart fellure	compileations the										
ahock, or h MMEDIATE CAUSE (Fit disease or condition	eart fellure	List only one ca	use on aecl	h line.	not enter the	e mode of	dying, aud	h aa cer	diac or rea			Approximate Interval Between
ahock, or h	eart fellure	a.	Lond	h line.	not enter the	e mode of	th w	th as cor	diac or re	ipiratory (	arreat,	Approximate Interval Between
ahock, or h MMEDIATE CAUSE (Fit disease or condition	eart fellure	a.	Lond	h line.	not enter the	e mode of	th w	th as cor	diac or re	ipiratory (	arreat,	Approximate Interval Between
shock, or h	neart fellurg	a. DUE TO	O (OR AS A CO	h line.	Over OF):	e mode of	th w	th as cor	diac or re	ipiratory (	arreat,	Approximate Interval Between
ahock, or h MMEDIATE CAUSE (Fit disease or condition resulting in death)  Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY	tiona, ediate	a. DUE TO	O (OR AS A CO	onseouence	Over OF):	e mode of	th n	th as cor	diac or re	ipiratory (	arreat,	Approximate Interval Between
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#-transit permit, Pages 1, 2, 3 should

Dr. BALTIMORE, MARYLAND 2

CLEARED BY MEDICAL EXAMINER 9/20/90 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CE	niiri	CAIL	JE DE	АГП	RI	EG. NO.				
i	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH	B.	GA	155	S			2. DATE OF D	DEATH DA	<u> </u>	YEAR 90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		SE (In yrs. leat		IF UNDER 1 YE	AR IF UN		7. DATE OF B	( Year)	000	8. BIRTH Count		
	718-18-7392	1X M 2  F	90	THS.				MARCH	14,	_		NSYLVANIA	
	9e. FACILITY NAME (If not institution, give street end number)				9b. CITY, TO	WN OR LOC	ATION OF DEA	TH		9c. COUNTY OF DEATH			
DIRECTOR	SUBURBAN HOSP	ITAL				BETHI	ESDA			N	OTYON	OMERY	
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY			40- CITY	, TOWN OR L	OCATION						10d. INSIDE CITY	
<u></u>			227	IOC. CIT								LIMITS?	
	MARYLAND	MONTGOME	KY.		ROCKY							1 YES 2 NO	
Z.	10a. STREET AND NUMBER					101. ZIP C				10g. CIT		WHAT COUNTRY?	
FUNERAL		VENOR PLA					20852				USA		
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 Y			13. WAS	DECENDEN s, specify C	T OF HISPANIC uban, Mexicen,	C ORIGIN? (Sp. Puerto Rican	ecify Yee , etc.)	or No—	14. RACI Blac	E — American Indien, k, White, etc.	
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES		1 🗆	YES 2	NO Specify:				Spec	WHITE	
	15. DECEDENT'S EDUC	CATION	16a DEC	PENENTS	USUAL OCCU	PATION		Tab Kill	D OF BUS	SINESS/IN	OUETRY	***************************************	
1	(Specify only highest grade	completed)	(Gh	e kind of w Do NOT us	rork done durin	ng most of wo	orking	100. Kill	D 01 D00	JII4E33/II4	OUSTRI		
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)		OUNT				FRUT	T GI	ROWEI	RS EX	CPRESS CO.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1100	00111		10.40	OTHER'S NAM					111200 001	
		SS				10. 11.	JENNI		o, invaranti		LOR		
BE	19a. INFORMANT'S NAME (Type/Print)		106	MAILING	ADDRESS (S	met and Nue	nber or Rural Ro		Mar on Tour				
2	JOSEPH P. GASS	(SON)							,			OA 32073	
	20a. METHOD OF DISPOSITION	(5011)	_		ITION (Name			TO MUNICIPAL PROPERTY OF THE P			- City or To		
	1 Donetion 5 Other (Specify)	oval from State	METRO	POLI	TAN CI	REMAT	ORY		1.21			VIRGINIA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAI	ME AND ADD	PRESS OF FACI		וכווגווכ	DAT 1	IOME	TNO	
	Kolatt 24	relary					J. COL				-	MD 20901	
	23. PART i. Enter the diseases, or o	complications that cau	sed the de	ath. Do n	ot anter the	mods of	dying, auch	aa cardiac	or respi	iratory a	rreat,	Approximate	
	shock, or heart fellure. IMMEDIATE CAUSE (Finel	List only one cause o	n eech line.	,		- 04	4					Onset and Daeth	
	diseese or condition resulting in death)	Corden	oVa5	eula	r Ac	ocid .	out					24 hours	
	reserting in actually	DUE TO (OR	AS A CONSEC	VENCE OF	ar Accident 24 hou Cardio Vascular disease Many ya						111111111111111111111111111111111111111		
Z	Sequentially list conditions,	· Arterios	sclero	hè_		O Vas	cular	disea	isease Many year				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR A	AS A CONSEC	UENCE OF	9:			31					
일	CAUSE (Disease or injury	C. OUE TO (OR	AS A CONSEC	UENCE O	٦·								
Ē	that initiated eventa resulting in death) LAST				,								
CE		d											
A	PART II. Other aignificant condition	s contributing to dea	h but not n	eaulting	in the unda	rlying cou	se given in P	Part I. 244	. WAS AN	AUTOPSY	24	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL	Intertrochant	renic Traic	Tuve	_Ki	sht t	tip		10	YES 2			COMPLETION OF CAUSE OF DEATH?	
MEI								_				1   YES 2   NO	
¥5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноеріта .				26. PLACE C	F DEATH (Chec	ck only one)					
š	VES 2 R	HOSPITAL:	Outpatient 3	□ DOA	OTHER:	Home 5	Residence 8	Other (Sp	ecity)				
PHYSICIAN:	27. MANNER OF OEATH	28e. DATE OF INJU	RY ar)	28b. TIM	E OF 28 URY	c. INJURY A	т	28d. DESCRI	BE HOW I	NJURY O	CCURED		
BY	1 Natural 5 Pending 2 Accident Investigation			- 00	M	YES	2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF IN-	URY — At ho Specify)	me, ferm, :	street, factory	office			N (Street		er or Rural	Route Number,	
COMPLETED	4 Homicide determined												
PL		CIAN: To the best of my i	nowledge, de	ath occum	ed at the time	, date end p	lace, end due t	to the ceuse(e	) end ma	nner se st	ated.		
S S	one) 2 MEDICAL EXAMINE	R: On the basis of examin	etion end/or i	rvestigatio	on, in my opin	ion, death o	coured at the t	ime, data end	placa, er	and due to the cause(s) and manner se stated.			
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	B /	_			29c.	LICENSE NUM	BER		29d. DA	TE SIGNE	(Month, Day, Year)	
0 8	James EWil	ron belli.D.					1233	92		D 5	September 19 1990		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITE	VI 27) (Type		0	1.		Ω	6.1	1.1		
	James E. Wilson	Jr.M.D.	11125	Ko	ckvill	e li	Ke, St	e. 103	K	ocki	lille	Md. 20852	
- 1	SFP 2 J. 'Q(	32. REGISTRAN'S	Javida	. d	1.00			-					

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DIVISION OF VITAL RECORDS, P. C. B.	w	幅
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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death metiline	FINERAL DIRECTOR: After this certificate has been signed by the attention plan
	F	8
	3	2
	오	-

TO BE COMPLETED BY F	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMP	
or veets, rays of first for tradition by the insoprial of attentioning physical threat director, page 5 should be detached for use as the buninal.	TO THE HOSPITAL OH AI IENDING PHYSICIANY THE ISM requires that the deam manning the natural man week. Tage of into the transmit of the manning physicians to the funeral director, page 5 should be detached for use as the bund be fried within 72 hours after death with the State Dept. of Health and Mental Hospital Durial, cremation, or removal.	10

LAWRENCE

31. OATE FILEO (MONTH, Day, Your)

SEP 24 '90

	FOR 1 - STATE REGISTRAR	STATE OF M				HEALTH A		MENTAI	HYGIEN	_	2	7550
	1. DECEDENT'S NAME (First, Middle, Last							2. OATE	OF OEATH	NY )	3. T	TIME OF DEATH
	Louis	Arthur	Git	lin				9/	22			12:01AMM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA			7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Foreign
	102 09 4577	1 🙀 M 2 🗆 F	90	YRS.	MONTHS DAY	8 HOURS	MIN.	11	19/99		New	York
	9e. FACILITY NAME (If not institution, give			9b. CITY, TOV	N OR LOCATION	OF OE	ATH		9c. COUNT	OF DEATH	1	
8	Manor Care Nursing Home				Si	lver Sp	rin	g		Mont	gome	ry
5	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY			40 - 017	Y. TOWN OR LO	0171011					1 40	. INSIDE CITY
DIRECTOR												LIMITS?
	Maryland Mo	ntgomery		21	lver S	101. ZIP COOE				10- CITIZE		YES 2 NO
M M	10000 Brunswick	A A	215		1	20910				USA		COONTAIT
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT		MED	12 WAG	DECENDENT OF		IIC OBIGIN	2 (Snaothy Van			American Indian,
BY FU	1 Never Merried 2 KMerried 3 Widowed 4 Olverced		YES 2X N		If yes	, specify Cuben, YES 217 NO	Mexica	n, Puerto I		or No.	Black, Wi Specify: W	ite, stc.
	15, DECEDENT'S ED	UCATION	16a, DE0	CEDENT'S	USUAL OCCUP	ATION		16b	KIND OF BU	SINESS/INDUS		
	(Specify only highest grade (Specify only highest grade (Specify only highest grade)	te completed) College (1-4 or 5+	(Gh	ve kind of		most of working						
1	1/12	2 Years		stri	ct Mana	ager			Home	Ins.	Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					-	ER'S NA	ME (First, I	Middle, Maiden			
В	Harris Gitlin					Fan	nie	Sid	orsky			
0	19e. INFORMANT'S NAME (Type/Print)		191	MAILING	D ADDRESS (Str	et end Number o				n, State, Zip C	ode)	
임	Dr. Joseph N. Git	lin		1420	8 Nortl	nwyn Dr	ive	Sil	ver Sp	ring,	۱d.	
	20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re		7 7	OF DISPO		f cemetery, crems			20c. LO	CATION — CI	y or Town,	
	4 Donation 5 Other (Specify)				rge Gar	cdens			King	g of P	russi	a, PA.
	21. SIGNATURE DE FUNERAL SERVICE					E AND ADDRES			1000	N II.	ΑΑ	C C W1
	> Michael	f'Amal.	L		H.	ines/ki	naı	al I	1900	New H	amp.A	ve.S.S.Md.
	23. PART I. Enter the diseases, o	r complications that	caused the de	eth. Do	not enter the	mode of dyin	g, auc	h ee can	diac or reap	iratory arrea	it,	Approximate
	shock, or heert fellure iMMEDIATE CAUSE (Final	. List only one cau	se on each line									Interval Between Onset and Death
	disease or condition regulting in death)	RE	WAL	FA	11.Un	EC	HA	awl.	6			
	resulting in death)		WAL OR AS A CONSECU									
z		b CAR	RCINON	14	OF	PROS	TA	TE	-			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEC	OUENCE C	OF):							
\ <u>₹</u>	cause, Enter UNDERLYING CAUSE (Disease or injury	c										
발	that initiated events	DUE TO	(OR AS A CONSEC	DUENCE (	OF):							
15	Tosoiting in death) Exci	d										
10	PART II. Other significant conditi	ons contributing to	death but not r	esuiting	in the under	lying cause gi	iven in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
MEDICA									PERFO	RMED?	CO	MPLETION OF CAUSE
유									1 123			DEATH?  YES 2 NO
N								_			'	_ ,20 20
MA	25. WAS CASE REFERRED TO-MEDICAL	T			2	6. PLACE OF DE	ATH (Ch	eck only o	ne)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 Res						
Η	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	ME OF 280	INJURY AT				INJURY OCCU	RED	
	1 Natural 5 Pending	(Month, D	ay, Year)	"	M 1	WORK?	NO					
ВУ	2 Accident investigation 3 Suicide 6 Could not b	26e. PLACE O	F INJURY - At ho	me, tarm,	street, factory,	office				end Number o	r Aural Aout	e Number,
TED	4 Homicide datarmined	- bunding,	etc. (Specify)					City	or Town, State	7)		
Ä	290. CERTIFIER 1 CERTIFYINO PH	rSICIAN: To the best of	my knowledge, de	ath occur	red at the time	date and place	and due	to the ce	use(e) and ma	oner as state	1.	
COMPLET	nonel -	NER: On the basis of e										d manner as stated.
	286. SIGNATURE AND TITLE OF CERTIF	TER	1		-/	29c. LICE	NSE NI	MBER		29d DATE	SIGNEO /M	onth, Day, Year)
ш	2/		Vha.	/	7				-		_	
	P AUMINICA STRUMM D17135 9-22-90 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											

SWINK 13709 INYWOOD LA, SILVON SPNING, MID

JULIA DAVIDON-RANDOR

DHMH-16 Rav 1/89

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9	990	2
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. We find within 72 hours after heart with the State Deot: of Health and Mental Hodiere prior to burial, cremation. or removal.	IMPORTANT; If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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12

	I SIAIE	STATE OF MARYL					90	27551		
	1. DECEDENT'S NAME (First, Middle, Lest)  Lewis		CERTIFI	Guido	OF DEATH	PEG. NO.  2. DATE OF DEATH MONTH DAY 9 1	, ye	3. TIME OF DEATH 0 2:00 A M		
	4. SOCIAL SECURITY NUMBER 5. 219-80-3890 5	Øx * 2 □ F 26		IF UNDER 1 YE	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02 05 6	4 W	partiplace (State or Foreign Jountry) ashington, D.C.		
TOR	9e. FACILITY NAME (If not institution, give street  Rt. 301  RESIDENCE OF DECEDENT		wn on Location of DE andywine		ec county of	George's				
DIRECTOR	Maryland Prince George's Br				ocation Lne	1	100			
FUNERAL	10e. STREET AND NUMBER           12501 Lorano Drive           11. MARIITAL STATUS         12. WAS DECEDENT EVER IN U.S. ARMED				101. ZIP CODE  20613 B DECENDENT OF HISPAN		U.S.A.			
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				is, specify Cuben, Mexical YES 2 NO Specify		Puerto Rican, etc.)  Bleck, W Specify: CauCa			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	DUCATION dide completed)  College (1-4 or 5+)  N/A  Brickla			ng most of working	Construc	HY			
-	17. FATHER'S NAME (First, Middle, Last)  Lewis Guido, Jr.				Carol	18. MOTHER'S NAME (First, Middle, Melden Surname)  Carol Jacobs				
.9	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1ewis Guido Jr.  20e. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cometery, crematory or company)  20c. LOCATION — City or Town, State									
	20s. METHOD OF DISPOSITION 1				Waldorf, Maryland  22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc.  6633 Old Alexander Ferry Rd Clinton, Md 20					
	23. PART i. Enter the dieseese, or complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Multiple injuries  Due to (or as a consequence of):									
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
MEDICAL CE	PART II. Other aignificent conditions of	rlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  TYEN YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 SYES 2 NO  1 Input lent 2 ER/Outpatlent 3 DOA  4 Nursing Home 5 Residence 6 & Other (Specify)  1 OA									
BY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Socident Investigation  3 Suicide 8 Could not be determined	EATH  5 Pending Investigation  8 Could not be See. PLACE OF INJURY Al home, farm, street, factory, office City or Rwy.						(ejected) ost control  Purel Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  **Toad**  Rt.301Brandywine, MD  **Description**  **De									
TO BE C	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	FATH (ITFM 27) /Time	Print)	29c. LICENSE NU			GNED (Month, Day, Year) /15/90		

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D. - Assistant

32. REGISTRAR'S SIGNATURE
Davidson-Hindell

M.D.

30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year) SEP 20 90

J. Peretti

111 Penn St.

Balto.,MD

DHMH-16 Rev 1/89

SS

REGISTRAR		CERTIFI	CALE OF	DEATH	REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Last)  Alvin Donald (	- 					0AY YE 4 9	3. TIME OF DEATH 7:40 PM		
4. SOCIAL SECURITY NUMBER 577-42-0726		E (In yrs. last birthday) 58 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Mari 12-19-		SIRTHPLACE (State or Foreign Country)		
9a. FACILITY NAME (If not institution, give at	treet and number)		96. CITY, TOWN	OF DEATH					
5807 Keppler Roa	5807 Keppler Road				Temple Hills P.G.				
10a. STATE 10b. COUNTY	1		, TOWN OR LOCA	10d. INSIDE CITY					
Md.	P.G.	Т	'emple H	ills			1 TES 2 NO		
10e. STREET AND NUMBER			10	I. ZIP CODE		10g. CITIZEN OF WHAT COUN			
5807 Keppler Roa	ad			20748		USA			
11. MARITAL STATUS  1 Never Merried 2 Number 1 Never Merried 2 Number 2 Num	12. WAS DECEDENT EVER FORCES? 1 ☑ YE IF YES, GIVE WAR OF	ES 2 NO DATES	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2000 NO Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	RACE — American Indian, Black, White, etc. Specify: White			
16. OECEDENT'S EDUC	CATION	16a, OECEDENT'S	USUAL OCCUPATION	DN	16b, KINO OF BU	JSINESS/INDUST			
Elementary/Secondary (0-12)	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.)					
12	0	Insp	ector		W.S	S.S.C.			
17. FATHER'S NAME (First, Middle, Last)				15. MOTHER'S NA	ME (First, Middle, Maide	n Sumame)			
Elmer Guam				Helen	Schlorb				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn, State, Zip Coo	ie)		
Dorothy Guam		Same	as 10a	-10f.					
20e. METHOD OF DISPOSITION	comi from State	20b. PLACE OF DISPOS	ITION (Name of ce	metery, cremetory or		20c. LOCATION — City or Town, State			
4 🗆 Donation 6 🗆 Other (Specify)		Ma. Veter				eltenha			
21. SIGNATURE OF BUNERAL SERVICE LIC	00		6633	on Address of Fa on Md. 2	ander Ferr	neral F y Road	lome, Inc.		
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis	s a consequence of lastic Leu							
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	0.	S A CONSEQUENCE OF							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other aignificant condition	na contributing to deat	h but not resulting i	n the underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO		
Hypertension					1 TES	0 4	COMPLETION OF CAUSE OF DEATH?		
Diabetes Mell	itus				_		1 VES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	outnetlent 3 7 004	OTHER:	LACE OF DEATH (C	6 Other (Specify)				
27. MANNER OF OEATH  1 Netural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 26b. TIMI	E OF 28c, IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	EO		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	JRY — At home, farm, s		YES 2 NO	28f. LOCATION (Street and Number or Rural Route Number,				
4 Homicide determined	building, etc. (S	que cay/			City or Town, Stat	0/			
former only	ICIAN: To the best of my kr ER: On the basis of examina						suse(s) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIE	1)11.	0-	1	29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)		
Adentourk	Ushill	(A) III.	1)	AIN	19	19/	16/90		
30. MANE AND ADDRESS OF PERSON WH				1 - IT-11	Ma 2074	0	- /		
Lawrence Phillips	,4902 Temp1	e Hills Re	oad, Temp	ore Hills	s,Ma. 20/4	0			
SPATE FILED (METAL DON. 1001)	32/REGISTRAR'S	POYLUBEL							

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DAY YEAR / O A											
	William Henr					09 18 90		4:00 A _M				
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		6. AGE (In yrs. last bit	last birthday) IF UNDER 1 YE				7. DATE OF BIRTH (Month, Day, Year)		8. BIFF	BIRTHPLACE (State or Foreign Country)	
	219-36-9375	1 XM 2 - F	87	YRS. MONTHS	DAYS	HOURS	MIN.	08/22			tinsville, VA	
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH	9	9c. COUNTY OF DEATH		
DIRECTOR	4512 Hartwick Road				College Park					Prince George's		
EC	10a. STATE 10b. COUNTY	Oc. CITY, TOWN D	, TOWN DR LOCATION						10d. INSIDE CITY			
PIG	Maryland Pr	rge's	College Park				1[			1 TYES 2 NO		
AL	10s. STREET AND NUMBER			ZIP CODI			1	log. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	4512 Hartwick Ro		20740						U.S.	A		
	11. MARITAL STATUS  1 Never Married 2 Married	NT EVER IN U.S. ARME	NO If yes, specify Cuben, Mexican				n, Puerto Rican, etc.) Black, W			CE — American Indian, ick, White, atc.		
BY	3 Widowed 4 Divorced	WAR OR DATES	1 TES 2 NO Specify:					Spe	White			
ED	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) (Give kind of work done during most of working							111111111111111111111111111111111111111				
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	Hito On	Give kind of work done during most of working is. Do NOT use retired.)								
MP	12	Eng	nglish Professor				University					
	17. FATHER'S NAME (First, Middle, Last)							AE (First, Middle,		rname)		
BE	William Henry Gr	avely, S						e Ansor				
2	Elisabeth J. Gra	vo 1v	- 710	12 Hants							1 1 207/0	
	20a. METHOD OF DISPOSITION		4512 Hartwick Road, Co				20c. LOCATION — City or Town. State					
	1 Burlel 2 N Cremetion B 1 1 mm 4 Donation 5 Other (Specify)	_ Metro										
	21. SIGNATURE OF INJURY SERVICE LICENSIA 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Ho											
	1 Tack	10/10	Irothan									
	23. PART i. Enter the diseases, or o	4739 Baltimore Ave., Hyattsville, MD 20781  23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiac or respiratory arrest,   Approximate									Approximate	
	shock or haert failure.	List only one ca	use on each line.								Interval Batween Onset and Death	
	disease or condition resulting in death) . Ausgested Prop fired Abdomenal											
	DUE TO (DH AS A CONSEQUENCE DF):											
Z	Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OR)									nous		
ATI	if any, leading to immediate couse. Enter UNDERLYING											
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in death) LAST											
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										4b. WERE AUTOPSY FINDINGS	
MEDICAL	PERFORMED? AM								AMAILABLE PRIOR TO COMPLETION OF CAUSE			
EDI	1 VES 2 ENO OF								OF DEATH?			
-										1 WES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Masidence 8 Other (Specify)											
PHYSICIAN	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME DF 100 100 100 100 100 100 100 100 100 10											
BY	1 Wetural 5 Pending 2 Accident Investigation M 1 YES 2 ND											
	3 Suicide 6 Could not be determined 4 Homicide determined 28s. PLACE OF INJURY — A1 home, farm, street, factory, offics building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number of Rural Route Numbe								al Route Number,			
	AND ACCOMPLETED.											
MPL	29s. CERTIFIER  (Check only one)  Application of the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.											
COMPLETED	2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.											
BE	29b. SIGNATURE AND TITLE OF CENTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (M								ED (Month, Day, Year)			
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								1170			
	Dr. Stephen Newman, 19261 Montgomery Village Ave., Suite Gl5, Gaithersburg, MD											
	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE											
	on brita trace (mornin, bay, ibar)	32. REGISTA	AR'S SIGNATURE									
	SEP 21'90 d	ali Navida	A RINALDR									

BALTIMORE, MARYLAND

#-transit permit. Pages 1, 2, 3 should

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Robert

026 01 3590

9a. FACILITY NAME (If not institution, give street and number)

DeVore

H

1 X M 2 | F

5. SEX

		9
		must
		l item 28 is marked, or item 23 shows any injury, or other tratimatic event, the medical examiner must be
house ofter death with the Crate Dark of Hasth and Married Horison price to hurial Cremation or removal		medical
hon		ine
creman		event,
to huria		rmatic
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minne	2	other
Í		6
house after death with the Chate Dent of Health and Mental Hunlane print		Injury,
200		m À
Haatt	Tronger .	OWS 3
2	5	S
Pond	5	23
Crato	2000	Hem
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door	- Conco	s mai
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house	2002	Item 2
1		

ECTOR	AMI Doctors Hospital of PG Co. Lanham Prince George										
EG	10a. STATE 10b. COUNT	10c, CIT	10c, CITY, TOWN OR LOCATION								
COMPLETED BY FUNERAL DIR	MD Pri	nce George	La	nham				LIMITS?			
	10e. STREET AND NUMBER	300130	1 24		101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?			
	9400 Van Bure	n Street			20706		USA				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? Y YE IF YES, GIVE WAR OR WWII	S 2 NO DATES	If yes	DECENDENT OF HISPAI , specify Cuban, Maxica YES 2 NO Specif	n, Puarto Rican, atc.)	ea or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White			
	15. DECEDENT'S EDI (Specify only highest grad	JCATION is completed)	16a. DECEDENT'S		ATION most of working	18b. KIND OF B					
	Elementary/Secondary (0-12) College (1-4 or 5+)		We. Do NOT us	se retired.)	, most or morning	Retail Liquor					
M	12 04		Merchant								
_						ME (First, Middle, Maide					
B	Gene Bapt	195 MAILING	Flora Veillet  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
5	Paul Gendron	the second secon	9400 Van Buren St., Lanham, MD 207								
	20s. METHOD OF DISPOSITION	T:	20b. PLACE OF DISPOSITION (Name of cemetery, crematory of								
	1 Donation 5 Other (Specify)	edar Hill Crematory			Washington, DC						
	21. SIGNATURE OF FUNERAL SERVICES.	CENSEE	eric .	100	E AND ADDRESS OF FA						
	RENDON-HALE LANHAM FUNERAL HOME										
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory street.    Approximate   Approximat										
	shock, or heart feliure. List only one cause on each line.										
	immediate cause (ritie)										
	resulting in death)  . Myocardial Infarction  DUE TO (OR AS A CONSEQUENCE OF):  Mins										
z	Arteriosclerotic Cardiovascular Disease Years										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	CAUSE (Disease or Injury  CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):										
E	that initiated events  resulting in death) LAST										
E	d										
	PART II. Other significant condition		but not resulting	in the under	ying cause given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDIN			
MEDICAL	Diabetes Mellitus						2 X NO	COMPLETION OF CAUSE OF DEATH?			
ME					1 TES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  26. PLACE OF DEATH (Check only one)										
	1 YES 2 NO 1 Inpatient 2 XER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
	(Month, Day, Year) INJURY WO					c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED					
BY	2 Accident Investigation										
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Bural Route Number, City or Town, State)										
<u> </u>	29a. CERTIFIER										
COMPLETED	(Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  5 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.										
	29b. SIGNATURE AND LIFE DAY CENTIFIC			,, opan							
BE	Merel I I I I		29c. LICENSE NUMBER DO1852			29d. DATE SIGNED (Month, Day, Year)  ▶ 09-19-90					
10	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (No.	. Print)	DOTO	J &	, 09	_19-90			

a Savidson Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

MD. Deputy ME, 4203 Queensbury Rd., Hyattsville,

**GENDRON** 

YRS.

6. AGE (In yrs. last birthday)

73

27554 90 3. TIME OF DEATH 1990 3:43 am

8. BIRTHPLACE (State or Foreign

Mass.

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Between Onset and Death Mins. Years

9c. COUNTY OF DEATH

2. DATE OF DEATH Sept.

7. DATE OF BIRTH (Month, Day, Year) 11-17-1916

18,

		1 - STATE REGISTRAR		STATE OF I	MARYL		DEPAR RTIF					MENTA	L HYGIEI REG. NO	_	U	21000
		1. DECEDENT'S NAME (First, Marvin	Middle, Last)	s.				Gat	es			MONT	of DEATH	, 1990	VEAR	3:30 PM M
		4. SOCIAL SECURITY NUMB		5. SEX XX M 2 - F	6. AGE	(in yrs. iesi	t birthday) YRS.	IF UNDER	1 YEAR DAYB	IF UNDER	MIN.	7. DATE (Mon Oct	OF BIRTH	1905	Country)	ACE (State or Foreign
3 should	DIRECTOR	9a. FACILITY NAME (If not in:						9b. CITY		kvil				9c. COUNT	Y OF DEAT	
1, 2,		RESIDENCE OF DEC												1		-1
46 physician. bunal-transit permit. Pages 1,	DIRE(	10s. STATE Maryland	ntgomery			10c. CIT	Y, TOWN		rion ille	:				1.0	d. INSIDE CITY LIMITS?  YES XX NO	
ermi	¥	10e. STREET AND NUMBER					101. ZIP CODE							10g. CITIZE	N OF WHA	T COUNTRY?
risit p	<b>E</b>	4705 Jasmi	ine Dr	ive						20	853				U.S.A	١.
3-3146 ding physician. s the burial-tran	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married  XX Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES							If yes, sp	CENDENT Cubic 2 NO	an, Mexica	en, Puerto	N? (Specify Yo Rican, etc.)	ea or No— 1	4. RACE — Black, V Specify:	Amarican Indian, Inite, atc. White
offing the	ED	16 DEC	ENENT'S ENII	CATION	_	140 DE	CEDENT'S	Hellal O	CCUBATI	ON		1 40	- KIND OF BI	JSINESS/INDU	PTRV	***************************************
A)		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1.2				(Gi life.	ve kind of Do NOT u	work done se retired.)	during mo	ost of work	ing	10	Atla	antic :	Richi	ield
9 / 8	COMP		V. (1 )			TI	uck .	DITA	er	I				il Com	pany	
at once.		17. FATHER'S NAME (First, M. William	Ilddie, Last)				Gate	c			liza		Middle, Meide	n Surname)	Cr	ith
	B	19a. INFORMANT'S NAME (7	Ima/Print)			-			B /Street					wn, State, Zip (		12 (11
MARY e retained to 5 should notified	일	Beverly G		mas												20853
May be or, page		20a. METHOD OF DISPOSIT	ION	·	4705 Jasmine Drive, Rockville, Marylar  20b. PLACE OF DISPOSITION (Name of completely, cremetory or 20c. LOCATION — City						_					
9 8 2		1 M Burial 2 Crematic 4 Donation 5 Dother	on 3 🗆 Ram	oval from State		other pla	Unio									nnsylvania
Page al direc		21. SIGNATURE OF FUNERA				_		22,	NAME A	ND ADDRI	ESS OF FA	ACILITY				
- e = e		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  M00522  22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home Rockville, Inc., 300 West Montgomery Avenue, Rockville, Maryland 20850-2805														
6 5 5		shock, or heert fellure. Liet only one ceuse on sech line.											Approximate Interval Between			
filled in	1	IMMEDIATE CAUSE (Fir	nel	4	Onset an										Onset and Deeth	
46, d within 2. ompletely fills, cremation, event, the		disease or condition resulting in deeth)	<b>→</b>	*-			STIVE HEART FAILURE								10 mos.	
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and or matic	NO N	Sequentielly list condit		bDUE TO			OUENCE C									
BOX ficate be e physician ne prior to her traum	¥.	If any, lesding to imme cause. Enter UNDERLY	ING		001	eo NI	ARY	D14	56 M	55						
C spigige c	CERTIFICATION	CAUSE (Disease or injuthat initiated eventa resulting in deeth) LAS		DUE TO	OR AS	A CONSE	OUENCE C	OF):								
death atten				d												+
DS the	CAL	PART II. Other aignifica						In the u	nderlylr	ng cause	given in	Part I,		N AUTOPSY ORMED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ORD one that and alth and is amy	100	100	FNAL	INSUFF	7 CLE	Nay							1 [] YES	ФХДХио		OMPLETION OF CAUSE F OEATH?
RECOR w requires that the been signed to pt. of Health a shows any	MEDI		<del></del>									_			1	YES 2 NO
NL R he law r has be bept. n 23 s	A.	25. WAS CASE REFERRED T	TO MEDICAL	T					20.0							
VITAL CIAN: The la strificate has the State De or Item 2	PHYSICIAN	EXAMINER?	IO MEDICAL	HOSPITAL:		. Control of		OTHE	R:	LACE OF						
SICIAN: The certificate of the State	Η×S	27. MANNER OF DEATH		1 Inpetient 2			28b. TII			JURY AT	Residence	_	er (Specify)	INJURY OCC	JRED	
NG PHYSII ther this ca eath with ti			Pending	(Month,	Day, Year)		IN	JURY	W	ORK? YES 2	□ NO					
DIVISION OF VITAL F OR ATTENDING PHYSICIAN: The law OPECTOR: After this certificate has b hours after death with the State Dept.	ED BY	2 Accident 3 Suicide 8	Investigation  Could not be determined	28e. PLACE building	OF INJUR	IY — At he	ome, farm,	street, fa	tory, offi	ce			CATION (Street by or Town, Start	t and Number (	r Rural Roc	te Number,
DIVIS DIRECTI DIRECTI hours at	ĒŢ							_								
<b>B B C E</b>		29e. CERTIFIER XXXCER (Check only one) 2 MED														nd manner as stated.
THE HOSP! THE FUNEP filed within PORTANT:	E	296. MONTHIE AND TITLE	OF CERTIFIE	R						29c. Lt	CENSE NU	MBER		29d. DATE	SIGNED (A	forith, Day, Year)
표를	8	1 rest	Hell	( MUS						N 3	474	0		▶ Sei	ot. 2	4. 1990

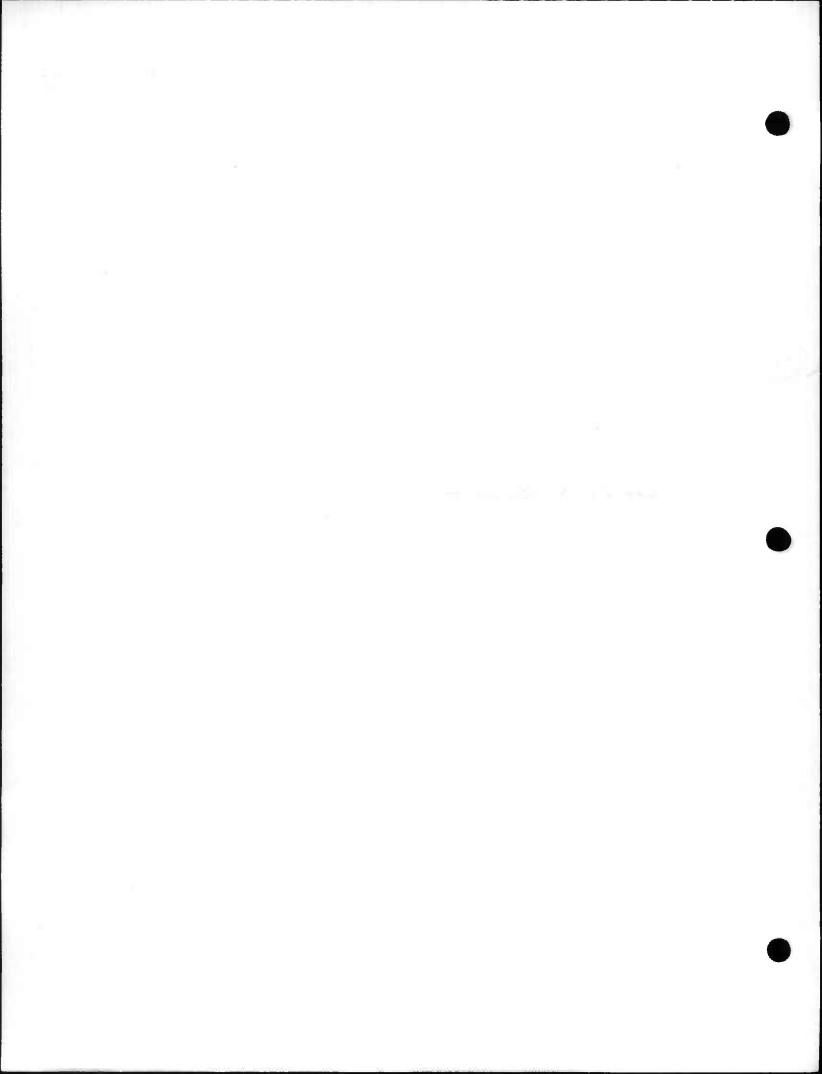
and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) ▶ Sept. 24, 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

ROBERT	FIE LOS	, MD	18111	PRINCE	PHILIP	PR, T-12;	OLNEY	MAD	2082
31. DATE FILED (Month, De	ly, Ybar)	32. REGISTRA	R'S SIGNATUR	RE					

31. DATE FILED (Month, Day, Year)
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- S	as	Depl	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be nettlined and
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, dours after death. Page 6 may be removed and	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 showing by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	=

1 - FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	90	27556				
1. DECEDITE NAME (First, Middle, LI	Fred L.	GREC	eve	2. DATE OF DEATH DAY	90	6;00 Pm				
223-10-1653 9s. FACILITY NAME (# not institution, g	1 🖵 M 2 🗆 F	87 YRS. MONT	NOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.  CITY, TOWN OR LOCATION OF D	7, DATE OF BIRTH (Mighth, Day, Mear) 2-12-03 EATH 9c. 0	Chera					
Carroll Manor RESIDENCE OF DECEDENT 100. STATE 10b. COL			vattsville, M	) Р	rince Ge	orge's				
100. STREET AND NUMBER	nce George's	Fort V	Vashington 101. ZIP CODE	10g.	1 CITIZEN OF WHAT	YES 2 NO				
301 Bonhill Dr:  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES	2 NO	20744  13. WAS DECENDENT OF HISPA If yee, specify Cuben, Mexic  1 YES 2 NO Specify  NO Specific Cuben, Mexic	NIC ORIGIN? (Specify Yes or No en, Puerto Rican, stc.)	S A  14. BACE — A Black, Wh Specify: Blac					
15. DECEDENT'S (Specify only highest g  Elementary/Secondary (0-12)		16a. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one during most of working	16b. KIND OF BUSINESS	S/INDUSTRY	ist Church				
17. FATHER'S NAME (First, Middle, Lest)				AME (First, Middle, Meiden Surnen		rst thurs				
Alfred L. Green 190. INFORMANT'S NAME (Type/Print) Timothy Greene			RESS (Street and Number or Aural							
20a, METHOD OF DISPOSITION 1 [A Buriel 2	temoval from State	odland Cen		Richmo	n - City or Town, S	State				
21. SIGNATURE ON PUNERAL SERVICE	Bell f.	#173		ason Funeral E		C 20020				
23. PART I. Enter the diseases, abock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	re. List only one ceuse of e	ech line.	nter the mode of dying, euc	ch ee cerdlec or reepiratory	/ erreat,	Approximate Interval Between Onset and Death				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Sequentielly list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
PART II. Other algolificent condi	lione contributing to death b	ut not resulting in the	e underlying cause given in	Pert I. 24a. WAS AN AUTOI PERFORMED?	O OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPPLETION OF CAUSE DEATH?  YES 2 NO				
25. WAS CASE REFERRED TO MEDICA EXAMINER?	L HOSPITAL:	l or	26. PLACE OF DEATH (C	heck only one)		, res z _ no				
1 YES 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetiant 2 ER/Outp  28s. DATE OF INJURY (Month, Day, Year)		Nursing Home 5  Residence 28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  28d. DE\$CRIBE HOW INJURY	OCCURED					
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	be 28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street		261. LOCATION (Street and Nu City or Town, State)	imber or Rural Route	Number,				
one)	HYSICIAN: To the best of my know					d menner ee stated.				
295, MONATURE AND TITLE OF CHIEF	Tosto 1	B	Do 4	170	DATE SIGNED (Mor	100				
MIL HAME AND ADDRESS OF ERSON	WHO COMPLETED CAUSE OF DE	-	m.p. 5	530 W	isc.	ch Cha				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN					med				

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 micros and physician and completely filled in by the funeral director, page 5 minute by the months or transfer that the law within the State Degr. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR
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Ī	1. DECEOENT'S NAME (First, Middle, Last	MARIE	G	ER	LAC	H		2. DAT MON	E OF DEATH	*25	YEAR O	3. TIME OF DEATH
,	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (h	in yrs. lest t		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Moi	E OF BIRTH		Count	HPLACE (State or Foreign ry)
	215-42-4558	1 🗆 M 2 💢 F		81	YRS.				ot.4,1			aryland
.	9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF Silver Spring Montgo											
DIMEGICAL	HOLV Cross H	ospital				Silve	er Spri	ng		Mon	tgor	nery
	10a. STATE 10b. COUN				10c. CITY, T	OWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
5	Maryland Al	legany				LaVa1	.e					1 1 YES 2   NO
	10e. STREET AND NUMBER					10	1. ZIP CODE			10g. CIT		WHAT COUNTRY?
	16 Campgroun						21502			<u> </u>		JSA
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDER	I YES	2 - NO	ED )	If yes, sp	CENDENT OF HISP/ pecify Cuban, Maxis	an, Puert		s or No—	Blac	E — American Indian, k, White, atc.
5	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DA	ATES"		1 TYES	3 2 NO Spec	tty:			Spec	White
	15. DECEDENT'S EC	DUCATION	T	18a. DECI	EDENT'S US	UAL OCCUPATI	ON	10	Bb. KIND OF BU	SINESS/IN	DUSTRY	***************************************
;	(Specify only highest gra Elamentary/Secondary (0-12)	College (1-4 or 5	+)	(Give	e kind of worl Do NOT use n	done during metired.)	ost of working					
	6			Но	ousev	rife			Own I	lome		
	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First	, Middle, Maiden	Surname)		
	Reed Dic	ken						Edi		Jnkn		
	19a. INFORMANT'S NAME (Type/Print)						and Number or Rura					20901
	Mrs. Rosemary	Sloan	1				Terrac					
	20a. METHOD OF DISPOSITION  1 Durial 2 Cremation 3 Re	movel from State	206.	other plac	(0)		emetery, cremetory or			CATION -		ATTENDED TO THE STATE OF THE ST
Ì	Greenmount Cemetery Cumberland, MD											
	Hafer Chapel of the Hills Mortuan											
	1302 National Hwy., LaVale, MD 215											
	shock, or heart felluri IMMEDIATE CAUSE (Final disease or condition					enter the m	ode of dying, eu	ch se c	ardiec or resp	lratory si	rrest,	Approximata Interval Beiwee
	shock, or heart felluri IMMEDIATE CAUSE (Final	s. OUE TO DUE TO C.	O (OR AS A	A CONSEQUENCE OF SECURITION OF		enter the m		ch se c	ardiec or resp	lratory si	rrest,	
MEDICAL CERTIFICATION	shock, pr heart fellund immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. COLOR TO DUE TO d.	O (OR AS A	A CONSECULA CONSECULA CONSECULA	UENCE OF):	car tery	de of dying, eu	ich se ch	ardiec pr resp	N AUTOPSYRMED?	The st,	Approximata Interval Belwee
. MEDICAL OF	shock, pr heart fellund immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions.	b. CDUE TO  d. DUE TO  d. List only one ce	O (OR AS A	A CONSECULA CONSECULA CONSECULA	UENCE OF):	tory	ode of dying, su	in Part I.	24a. WAS A PERFO	N AUTOPSYRMED?	The st,	Approximate Interval Between Onset and Jones a
	shock, pr heart fellund immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other algnificant conditions and in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. COLOR TO DUE TO d. HOSPITAL:	D (OR AS A D) (OR A D) (	A CONSEON	UENCE OF):	tha undariyli	ng cause givan i	in Part I.	24a. WAS AI PERFO	N AUTOPSYRMED?	The st,	Approximate Interval Between Onset and Jones a
יוובטוסטב סב	shock, pr heart fellund immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth)  PART II. Other algnificant conditions.	b. CDUE TO  C. DUE TO  d	D (OR AS A D) (OR	A CONSEON	UENCE OF):	tha undariyli	ode of dying, su	in Part I.	24a. WAS AI PERFO	N AUTOPSYRMED?	24	Approximate Interval Between Onset and Jones a
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IED BI FRISICIAIN. MEDICAL CE	shock, pr heart fellund immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 DATE  27. MANNER OF DEATH	b. OUE TO  C. DUE TO  C. DUE TO  d. HOSPITAL: 1 Inputient: 28a. DATE O (Month, on) 26a. PLACE building	D (OR AS A D) (OR	A CONSEQUENCE OF THE PROPERTY	UENCE OF):  UENCE OF):  UENCE OF):  DOA 4  28b. TIME INJUR	tha undariyli	PLACE OF DEATH (I	in Part I.  Check only  26d, 0	24a. WAS AI PERFO	N AUTOPSY RNED? 2 NO	24 CCUREO	Approximate Interval Between Onset and Onset a
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	FOR	STATE OF M	ADVIAND /	DEDAD	TATAL	05.11	FALVII	AND N	AFNITA	LIVOIEN	91	1 2	7558
	1 - STATE REGISTRAR	SIAIE UF M	CE	RTIF	ICATE	OF	EALIH DEAT	H. Hudin	MEN IA	REG. NO.		U [	1000
	1. DECEDENT'S NAME (First, Middle, Last)			-	11500				2. DATE	OF DEATH	v .	YEAR	3. TIME OF DEATH
	WOODROW	i	NILSON	GUR	LEG				SE			1990	1022 H H
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER		(Mont	OF BIRTH h, Day, Year)		Country	PLACE (State or Foreign
	299-10-8207	1 💢 M 2 🗌 F	75	YRS.	WONTHS	DAYS	HOURS	Mere.	APR	.10,1	915	MARI	JLAND
	Se. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE	ATH		9c. COL	JNTY OF DE	ATH
9	FREDERICK MEMO	RIAL HO	SPITAL		FR	EDEI	RICK				F1	REDE	RICK
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y. TOWN O	R LOCAT	ION					Т	10d, INSIDE CITY
DIRECTOR	MARYLAND ALL	EGANY		(	имв:	ERL,	AND					- 1	LIMITS?
	10e. STREET AND NUMBER	_ 49				10f.	ZIP CODE				10g. CIT	FIZEN OF W	HAT COUNTRY?
12	117 SOUTH ALLE	GANU ST	REET				2150	2			ı	ISA	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI							N? (Specify Yee	or No-		- American Indien,
	1 Never Married 2 Married	FORCES? 1	X YES 2 □N AR OR DATES	ю			city Cuber 2 X NO			Rican, etc.)			, White, atc.  Y: WHITE
) BY	3 Widowed 4 X Divorced		.II									•	WHILE
Ĕ	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE(	Ve kind of	USUAL OC work done o se retired.)	CCUPATIO	N at of working	g	1.00	AR $DE_{i}$			DAND
٦	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+	)		APLO.					NSURA!			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		OLL	j – Li	AT LO	gLD	18 MOTH	IED'S NAI		Middle, Meiden		AGLI	veg
	CHARLES RANDOL	PH GURI	FII							AE HI		F.	
BE	19a. INFORMANT'S NAME (Type/Print)	III GUND		. MAILING	ADDRESS	(Street a			-	iber, City or Town			
2	BONNIE KUNKEL		1	8260	SM	OKE	нои	ISE	CT.	-GERM	ANTO	OWN, A	ND 20874
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPO								- City or Tox	
	1 Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) OMPS CREMATORY  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  GEORGE-UPCHURCH FUNERAL HOME, P.A.								, VA				
									IE DA				
	Hereda 9. 7.	ochuse	1										MD 21502
	23. PART I. Enter the diseases, or co												Approximate
	ahock, or heart failure.	List only one cau	se on each line										Onset and Death
	disease or condition	110	EUMONIE										
	Towns in abact,	V	(OR AS A CONSEC										
Z	Sequentially list conditions.	4 9	COR AS A CONSEC	4 Fus	1-5								
Ĕ	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	QUENCE O	F):			/ /	1.	/	1.	)	
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO	SSI 6/E	DUENCE C	<u>C7101</u> 17:	- F	v pl	1800	hier	12 ( 1	7966	-AGE	<del> </del>
E	resulting in death) LAST												
B		3.											
AL.	PART II. Other aignificant condition	s contributing to	death but not r	esuiting	in the ur	nderlyln	cause (	given in	Part I.	24a. WAS AN PERFOR		Y 24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL	AL 2/1/21/	mars D	REASE							1 X YES 2	□ NO		OF DEATH?
M	- INSULIE	DEPRO	05-7 C										1 YES 2 NO
N.	Coroni	ary Ar	TERS I	2158	NE.								
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF D						
PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH	1 Nopatient 2 28a. DATE OF		28b. Til		sing Hom 28c. INJ		esidence	_	er (Specify)	O VRHLM	CCURED	
	1 Natural 5 Pending	(Month, D	ley, Yber)		JURY M	WC	RK?	⊓ио	200. 01	SOMBE HOW		CCORED	
ВУ	2 Accident investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY At ho	ome, farm,	street, faci					CATION (Street		er or Rural F	loute Number,
回	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City	or Town, State			
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occur	red at the I	time, date	and place	, and due	to the c	suse(s) and me	ner as si	tated.	**
ME	(Check only one) 2 MEDICAL EXAMINE	<del></del>											) end manner se stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIE	R	1				29c. LIC	ENSE NUI	MBER		29d. D/	ATE BIGNED	(Month, Day, Year)
0	Gungs !	home	1 1	D.		1	0	100	5 87	)	•	7/2	16/90
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Typ	a. Print)					•			,

IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FREDERICK MEML.HOSP.-FREDERICK MD

M.D.

JR.,

15

GEORGE
31. DATE FILED (Month,
SEP 28

SMITH,

d by the hospital or the production.	should be detached for use as the profit permit. Pages 1, 2, 3 should		fled at once.
SICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital	ificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
TO THE HOSPITAL OR ATTENDING PHYSICIA	TO THE FUNERAL DIRECTOR: After this certi-	be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked, or

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

	REGISTRAR		CERTIF	CATE O	F DEATH	R	EG. NO.			
)	1. DECEDENT'S NAME (First, Middle, Last)	6 LOUIS	GRETZINGER	2		2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH A M				
	4. SOCIAL SECURITY NUMBER 2142733	6.56X 6. 1)X м 2 □ F	AGE (In yrs. last blithday)  50 YRS.	IF UNDER 1 YEAR		7. DATE OF B (Month, Der July	BIRTH 22, 19	Countr	PLACE (State or Foreign ryland	
	9s. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOW	OR LOCATION OF DE	1			EATH	
DIRECTOR	Arundel General F	lospital		Annap	olis,		A	nne Arı	undel Co/	
EC	10e. STATE 10b. COUNTY	1	10c. CIT	r, TOWN OR LO	CATION				10d. INSIDE CITY	
	Maryland Ker	nt	(	Chester	estertown				LIMITS? KX YES 2 NO	
FUNERAL	100. STREET AND NUMBER 101 School Road				101. ZIP CODE 21620		101	USA	VHAT COUNTRY?	
BY FUN	11. MARITAL STATUS Married 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 NO Specify	n, Puarto Ricar		14. RACE Black Speci	E — American Indian, k, Whita, etc. ^{Ny:} White	
	15. DECEDENT'S EDUC		16a. DECEOENT'S	USUAL OCCUP	TION	18b. KIN	ID OF BUSINES	SS/INDUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Teller	vork done during se retired.) & Cle	rk	Bani	k (	Bankin	g Industry)	
8	17. FATHER'S NAME (First, Middle, Last)				18, MOTHER'S NA	ME (First, Midd)	le. Maiden Sum	ame)		
	I	Louis Gret	zinger		Ma	argare	t Mull	ikin		
BE	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Stre	et and Number or Rural I	Route Number, (	City or Town, St	ate, Zip Code)		
2	Margaret Ann Gret	zinger						Md. 2	1620	
	20s. METHOD OF DISPOSITION CY	remation	20b. PLACE OF DISPOS	SITION (Name of	cemetery, crematory or		20c. LOCATI	ON — City or To	own, State	
	1 Burlei 2 Cremetion 3 Rem 4 Donation 8 Other (Specify)	oval from State	Capitol (	Cremato	ry		Dover	Dela.		
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	41	22. NAME	AND ADDRESS OF FA	CILITY	P.O.	Box #	264	
	* Itwill	ilala	000	J. W	illis Wel	ls C	hester	town, l	Md. 21620	
	23. PART A. Enter the diseases, or shock, pr haert fellure.  IMMEDIATE CAUSE (Final disease pr condition resulting in death)	List only one ceuse				h aa cardiac	or respirato	ry arreat,	Approximate Interval Batween Onset and Death	
_		· Chore	Y GI	Bleed						
CERTIFICATION	Sequentially list conditions, if any, lesding to immediate	DUE TO (O	R AS A CONSEQUENCE O	F):						
2	CAUSE (Disesse or Injury	C								
	that initiated eventa resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE O	F):					1	
ER	Tooling III down, Exo	d							-	
	PART II. Other algoliticant condition	na contributing to de	eth but not resulting	In the underl	ying cause given in	Part I. 24	a. WAS AN AUT		. WERE AUTOPSY FINDINGS	
EDICAL							PERFORMED	100	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								-	1 YES 2 NO	
Ξ									3	
IAN	25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF GEATH (C)	neck only one)				
SIC	1 YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	foma 5 - Residence	8 Other (S	pecify)	_		
PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending investigation	26a. DATE OF IN (Month, Day,	JURY 28b. TIN	JURY	INJURY AT WORK?	28d. DESCR	IBE HOW INJU	RY OCCURED		
ED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF building, et	NJURY — At home, ferm, c. (Specify)	atreet, fectory,	office		ON (Street and i fown, State)	Number or Rural	Route Number,	
E	29a. CERTIFIER			4 4 4 4						
COMPLETED	(Check only		y knowledge, death occur mination and/or investigati						(s) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF DESTREE	и / .			29c. LICENSE NU	MBER	29	d. DATE SIGNE	D (Month, Day, Yber)	
	Michael he	in MD.						9/2	4/40	
296. SIGNATURE AND THE O'S STATE STONE (NO. ) POPULATE STONE (NO.								nentic NO.		
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DIVISION OF VITAL RECORDS, F.O. BOA 13140	OD ATTENDING DEVOICEAN. The law requires that the death certificate he executed within 2
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	FOR STATE REGISTRAR	TATE OF MARY					EALTH		MENT	AL HYGIENE REG. NO.	90	2	7560
	1. DECEDENT'S NAME (First, Middle, Last)								MON	TE OF OEATH	, y	EAR	TIME OF DEATH
	ANTHONY  4. SOCIAL SECURITY NUMBER  5. S	C.			ENER				9	21	. 9	0 3	3:00 A M
1	The state of the s		GE (In yrs. last i	YRS.	IF UNDER	DAYS	IF UNDER	MIN,	(Mo	t 2,197	a. BIRTHPLACE (State or Foreign Country)  PA		
	9e. FACILITY NAME (If not institution, give street of		10		9b. CITY	, TOWN C	R LOCATIO	ON OF DEA		7,1010	9c. COUNTY OF DEATH		
8	Union Hospital of	Cecil Cou	ınty			E	Elkto	n				Ceci	<b>∟1</b>
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	<u> </u>	Т	10c. CIT	Y, TOWN C	R LOCAT	ION					100	1. INSIDE CITY
E	MD Kent			Che	este	rtow	n					1 10	LIMITS?
3AL	10e. STREET AND NUMBER					1	ZIP CODI	73				- 2	COUNTRY?
FUNERAL	Rt. #4, Box 642	WAS DECEDENT EVE	MAR SILVIE	150	142		21620		ic obic	SIN2 (Specify Vec		SA	American Indian,
	1 Never Merried 2 Merried	FORCES? 1 Y	ORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANI If yea, specify Cuben, Maxicen 1 YES 2 NO Specify:				0.100	Black, WI Specify:	hite, etc.
В С	3 Widowed 4 Divorced								_				White
TED	15, DECEDENT'S EDUCATION (Specify only highest grade company)	oleted)	(GM	e kind of	work done se retired.)	CCUPATIO	ON ast of workin	ng	1	66. KIND OF BUS	INESS/INDUS	TRY	
PLE	Elementary/Secondary (0-12) Co	ollege (1-4 or 5+)		stud	ent					schoo	ol		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						200			t, Middle, Maiden :			
BE (	Anthony Charles Gene	erv, Sr.							_	nn Snove			
2	190. INFORMANT'S NAME (Typo/Print) Charles Genery, Sr		196.		e as			or Rural R	loute Nu	umber, City or Town	n, Stete, Zlp Co	ode)	
	20e. METHOO OF DISPOSITION		20b. PLACE C	F DISPO				natory or		20c. LOC	CATION — CIT	ty or Town,	State
	1 Donetion 6 Other (Specify)		other plac	"Ga			eter			G	alena	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE					ND ACORE			[-[ome			
	Dary B. T.	ellous			3	70 W	Cv	press	s S	treet M			MD 21651
	23. PART I. Entar the/diseases, Dr compahock, or heart failura. List				not antai	tha mo	da of dy	ing, such	h aa c	ardiac or reaple	ratory arres	st,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Maltinl	Today	rioc									Onset and Desth
1 1	disease or condition												
Z	Sequentially list conditions, b												
CERTIFICATION	Sequentially list conditions, Hany, leading to immediate cause. Enter UNDERLYING												
밀	CAUSE (Disease or injury c. — that initiated events	OUE TO (OR	OUE TO (OR AS A CONSEQUENCE OF):								·		
ERI	resulting in dasth) LAST												
CAL C	PART II. Other algolificant conditions co	ontributing to dasi	th but not re	sulting	In the u	nderlyin	g cause	givan in	Part I.	24a. WAS AN PERFOR			ERE AUTOPSY FINDINGS AILABLE PRIOR TO
EDIC/										1 X YES 2		co	MPLETION OF CAUSE
Σ												1)	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 P	LACE OF E	EATH /Ch	ack ont	( 000)			
PHYSICIAN:	EXAMINER?	OSPITAL:	Outpatient 3	□ DOA	OTHE 4 Nu	R:				ther (Specify)			
붉	27. MANNER OF DEATH	26e. DATE OF INJU (Month, Day, Ye	IRY per)	28b. TIR		28c. JN	JURY AT			DESCRIBE HOW I	NJURY OCCU	REO	
BY F	1 Netural 6 Pending  XXX Accident Investigation	9-21-90	)	1:27	A ^M	1 🗌	YES 2	Й мо			_		impact
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc.	IURY — At hor (Specify)				Ce			OCATION (Street e City or Town, Stete)	Bigg	s Hwy	7. & Old
Ē	29e. CERTIFIER  (Check only 1 CERTIFYING PHYSICIAN	d. To the heat of my b	raculadas das		tree		and plan			mington	Rd	Ceci	1 County MD
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: O												
	296. SIGNATURE AND TITLE OF CERTIFIER				-		29c. LIC	ENSE NUN	MBER		29d. DATE	StGNED (M	onth, Day, Year)
TO BE	Monald & U	Jught					L	oc	ME		<b>&gt;</b>	9-22-	-90
-	30. NAME AND ADDRESS OF PERSON WHO CO		,	, , , ,		Don	C+v	oot.	Da	1+imoro	MI	2120	)1 vl
	Donald Wright, M.D 31. DATE FILED (Month, Day, Year)					renr	ı St.	eet,	De	ltimore	· MID	2120	)T AT
	SEP 25 SU 32, REGISTRAR'S, SIGNATURAS  SEP 25 SU 32, REGISTRAR'S, SIGNATURAS  GLUCIA DELYCLOSTA - Pandalle												

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BALTIMORE, MARYLAND 2120

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E G	CTOR	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and a standard or companies of the companie	be the whall it hours are used which he state both, or need any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN REG. NO.		27561		
i	1. DECEDENT'S NAME (First, Middle, Last)		14			2. DATE OF DEATH MONTH DA		3. TIME OF DEATH		
,	James	ROBERT	Gr	ames		Sept 28,		1616 🙀		
				F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)		
ļ	37'7-40-1329  9a. FACILITY NAME (If not institution, give stree	t and number)	) YRS.		R LOCATION OF DE	July 20	9c. COUNTY OF	CHIGAN		
TOR	Calvert Memoria		al	Prince	Freder	Cal	vert			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND CALVE	βψ		TINGTO				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
	10e. STREET AND NUMBER	ICI.	1101		ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	1880 OLDFIELD D	RIVE			20639		U.S.	of A.		
3		12. WAS DECEDENT EVER IN		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes	or No.— 14, RAC	E — American Indian,		
à l	1 Never Married 2 Married 3 Widowed 4 Divorced	2 NO ATES		2 NO Specify	n, Puerto Rican, atc.)	Sne	CASIAN			
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co		16a. DECEDENT'S US (Give kind of wor	k done during mo.	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY			
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	Contra	,		Builo	d 4 m m			
Š	17. FATHER'S NAME (First, Middle, Last)	د	COLLCTS	COL	18. MOTHER'S NA	ME (First, Middle, Maiden				
	Donald Guy Gr	ames				se Eda R				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a		Route Number, City or Tow				
임	Lisa M. Fleishe	r Grames	1880	Oldfie	eld Dri	ve, Hunt:	ingtown	Md.20639		
	20a. METHOD OF DISPOSITION 1 Burial 2 C-Cremation 3 Remove	of from State	. PLACE OF DISPOSIT				CATION — City or			
	4 Donation 5 Other (Specify) Cedar Hill Crematorium Suitland, I									
	21. SIGNATURE OF FUNERAL SERVICE LICEN	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	22. NAME AN	Bell F	uneral S	ervice			
	Charles +	. 13 cl	4.			erick, Ma				
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS A	ach line.  CONSEQUENCE OF:		Sch	-	i Li	Approximate Interval Between Onset and Death		
ERTIF	that initiated events resulting in death) LAST									
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	contributing to death b	out not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	Ib. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	ACE OF DEATH (Ch	eck only one)				
XS.	1   YES 2   NO	1 Inpetient 2 ER/Outs	patient 3 DOA	Nursing Hom		8 Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME INJU	RY WC	VES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe					Ref. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	(Oriotin Oriny	AN: To the best of my know						(s) and menner as stated.		
TO BE C	29h. SIGNATURE AND TITLE OF CENTRIEN  30. NAME AND ADDRESS OF PERSON MAD	BB	w_	hourt	29c. LICENSE NUI	05	≥ 10 ·	D (Month, Day, Mer) 1-90		
	Emad Al'Banna		ment from any ropid, a		D	rince Fra	derick	, Maryland		
	31. DATE FILED (Mogity, Day, Year)  OCT - 2 1990	32. REGISTRAB'S SIGN	MATURE MANDER		P1	THICE FLE	GELICK	, Maryrand		

light and the first with manager and market and the second

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typs, Print)

228 N. MANCET ST. FREDERICIC, Md 21701

31. DATE FILED (Month, Day, Viar)

32. REGISTRAR'S SIONATURE

Fulsa Davidson—Randale

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5	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after oleath with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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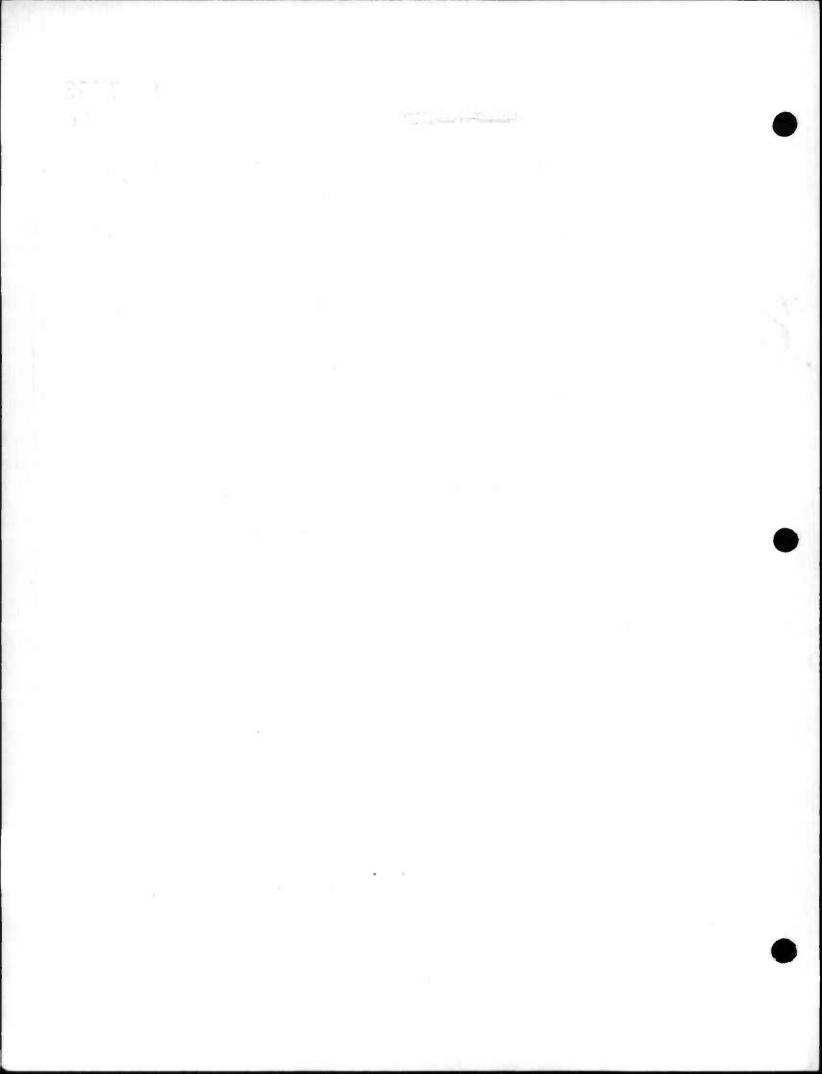
	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MARYLAND		RTMENT OF H			REG. NO.	9	0 27562		
		LDA	GETZAN	DANNER		MONTH	124%	1990	WOO OOAM		
			. lest birthday) 34 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		<b>ВІЯТН</b> 10706	M	ARYLAND		
TOR	96. FACILITY NAME (If not institution, give structure) CITIZENS NURSING RESIDENCE OF DECEMENT			96. CITY, TOWN C	RICK	EATH		FRED	OF DEATH ERICK		
DIRECTOR		DERICK	10 <del>4 6</del> 17	EDERICRA					10d. INSIDE CITY LIMITE  1 YES 2 NO		
FUNERAL	1072167 MCKATG RD.			101	ZIP CODE 217	01		10g. CITIZEN	OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed W Divorced  12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 IF YES DIVE WAR OR DATES			If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 NO Specific	n, Puerto Ric			RACE — American Indian, Black, White, etc.		
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)				16b. Ki		HOME	RY			
BE CON	17. FATHER'S NAME (First, Middle, Lest)  JESSE NUSBAUM  18. MOTHER'S NAME (First NAME (First NAME))  JANE K										
10	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  JOHN M. GETZANDANNER, JR.  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  7411A MCKAIG RD. FREDERICK MD 21701  206. METHOD OF DISPOSITION BURIAL  206. PLACE OF DISPOSITION (Name of correctory, cremetory or Laboratory or Lab										
	20a. METHOD OF DISPOSITION BURIAL 1 Burlel 2 Cremetton 3 Removal from State 4 Donature of Funeral Service Lightness of Funeral Servi										
CERTIFICATION	23. PART I. Enter the diseases, or complications that caded the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, shock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 DATO  24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 DATO										
D BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?    YES 2										
BE COMPLETED	3   Suicide   Suicide   Could not be determined   Suicide   City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Street and Number or Fural Flourie Number; City or Rown, State)   28f. LOCATION (Stre										

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BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital to the control of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the fine within 72 hours after death with the State Detac, of Health and Mental Hyplene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neithed at once.
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unal-transit permit, Pages 1, 2, 3 should

	1 - STATE REGISTRAR	TE OF MARYLAND / DEPARTMENT OF HEAD CERTIFICATE OF DE	TH AND MENTAL HYGIE	1000
	1. DECEDENT'S NAME (First, Middle, Lest)	Side (September 1971)	2. DATE OF DEATH	09/12/90 3. TIME OF DEATH 5P
	4. SOCIAL SECURITY NUMBER 5. SEX	E. AGE (In you limit birthday) IF UNDER 1 YEAR IF I	JNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9e. FACILITY NAME (If not institution, give street end	number) 9b. CITY, TOWN OR LC	2-15-	15 Clayton Ala.
TOR	Durchester General	a Hospital Cambrid	ge, md.	Dorchester
DIRECTOR	10e. STATE 10b. COUNTY	. 10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	Ma. Wicom  100. STREET AND NUMBER	reo truitland	CODE	1 ☑ YES 2 ☐ NO
FUNERAL	314 Dulany A	re 2,	1826	U.S. A.
J.	1 Never Merried 2 Merried FOI	RCES? 1 YES 2 NO If yes, specify	ENT OF HISPANIC ORIGIN? (Specify Cuban, Mexican, Puerto Rican, etc.)	Black, White, etc.
ВУ	3 Widowed 4 Divorced	/ES, GIVE WAR OR DATES 1 YES 2 C	Specify:	Specify: BIK
TED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	life Do NOT use retired 1	working 16b. KIND OF I	BUSINESS/INDUSTRY
PLE	Elementary/Secondary (0-12) Colleg	5clf empl	wed Lo	1966
COMPLET	17. FATHER'S NAME (First, Middle, Last)	16.	MOTHER'S NAME (First, Middle, Mail	en Surname)
BE	Prince C. Gb:	19b. MAILING ADDRESS (Street and No	Nancie Task	tel Gribson
2	Wane Gibson, -	Tr. P.O. Box 54	Thutland ?	nd. 2/826
	20a MEZHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal trop	n State 20b. PLACE OF DISPOSITION (Name of cerneter)	crematory or 20c.	LOCATION — City or Town, State
	4 ☐ Donetion 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE		DORESS OF FACILITY	without Ma.
	1 = 3	LEV WIS	it 2d. Sa	13bury md. 2180/
	23. PART i. Entar the diseases, or complic shock, or heart failure. List on	ations that caused the death. Do not antar the mode of		epiratory artest, Approximate interval Between
	IMMEDIATE CAUSE (Fine)	y ona cause on each line. Chronic Re	nal Failure	Onset and Death
	resulting in desth) a.	DUE TO (OR AS A CONSEQUENCE OF):	Lewe	
NO	Sequentially list conditions, b.	DUE TO OR AS A CONSEQUENCE OF		
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DIVISION OF VITAL RECORDS, P.O. DOA 13148,	8	8	no
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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in it	lled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation. or re
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		FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		ENTAL HYGIENE REG. NO.	90	27564	
	)	1. OFCEDENT'S NAME (First, Middle Last)					2. DATE OF DEATH OF YEAR 3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER		Mae Gi	off	IF UNDER 24 HRS.	7. DATE OF BUILTIN	190	THPLACE (State or Foreign	
			1 M 2 X F 71	YRS. MIST DIFTINGAY)	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cour	ntry)	
P		9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN C	OR LOCATION OF OEAT	May 1,191	9c. COUNTY OF	ennsylvania DEATH	
	ECTOR	Dorchester Gene	eral Hospit	tal	Camb	ridge		Dorcl	nester	
es 1,	2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
r. Pag	뜸	Maryland Dorch	nester	Ca	ambridg	е		LIMITS?		
De J	₹ Z	10e. STREET AND NUMBER			1000	. ZIP CODE			TIZEN OF WHAT COUNTRY?	
ian. transit	FUNERAL	200 Meteor Aver	1UC  12. WAS DECEDENT EVER IN		21613	ODIGIN2 (Specify Ves	US	CE American Indian,		
21203-3146 Ital or attending physician. Ifor use as the burial-transit permit. Pages	BY FU	1 Never Married 2 Merried  3 Widowed 4 Divorced	FORCES? 1 YES	If yes, sp	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Mexican, Puerto Ricen, etc.)  1 YES 2 NO Specify:			ck, white, etc.  White		
03-3	9	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSIN	NESS/INDUSTRY		
	E	Elementary/Secondary (8-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	st or working				
	COMPL	9 17. FATHER'S NAME (First, Middle, Last)		Walt	ress	18 MOTHED'S NAME	E (First, Middle, Maiden Sc	temanol .		
LAI by the be der	S II	Milo R. Butts	3			Annie	Hickman			
MARYLAND e retained by the hosp e 5 should be detached notified at once.	00	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street a		ute Number, City or Town,			
	2	Barabara A. We.					alsburg,			
ALTIMORE, I feath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Remo	val from State	other place)	SITION (Name of cer			ATION — City or		
Page (		4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE O NERAL SERVICE LICE		orcnest		orial Pa			ge, Md. ral Home	
2 0 2 0		· Shutten	n-		700	Locust S			Md. 21613	
in by the removed in the theorem is a first the theorem in the theorem in the theorem is a first the theorem in		23. PART V Enter the diseases, or co shock, or heart feliure. L	omplications that caused ist only one cause on as	the death. Do	not antar tha mo	de of dying, auch	as cardiac or respire	story arrest,	Approximata Interval Between	
\$ ± 5 ± 5		IMMEDIATE CAUSE (Final disease or condition	Metasta	tic Card	cinoma				Onset and Death	
146, ted within 24 T completely fille ial. cremation.		resulting in death)	DUE TO (OR AS A	CONSEQUENCE O	F):					
4 8 2 3 9	N	Sequentially list conditions,	Hype	er cal	Hyperca	lcemia				
BOX 131 or not physician and cogene prior to buris other traumatic	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING								
O. BOX certificate be nding physician Hygiene prior t	FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	OF):					
O 5 5 5	F	resulting in daeth) LAST								
DS, P.O. BOX the death certificate be to y the attending physician d Mental Hygiene prior to injury, or other traur	AL CI	PART II. Other significant conditions	contributing to death bu	at not resulting	in the underlyin	g ceuse given in P			4b. WERE AUTOPSY FINDINGS	
D = 38 =	CA						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
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law re law re as bee Dept. o	ä									
VITAL FIAM: The law rifficate has be state Dept. or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2	HOSRITAL:	#li=# 2 □ DO4	OTHER:	LACE OF DEATH (Chec				
OF VITA PHYSICIAN: Th this certificate with the State ked, or Hen	H	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN.	ne 5 Residence 6	28d. DESCRIBE HOW IN	JURY OCCURED		
ON OF DING PHYSIC After this or death with t	ВУР	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO				
ISIO TTENDI TOR: A after d	ED	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic		28f. LOCATION (Street an City or Town, State)	id Number or Run	il Route Number,	
DIV OR A DIREC hours	) LE	29a. CERTIFIER (Check only	AN: To the best of my knowl	edge, death occur	red at the time, date	end place, end due t	o the ceuse(a) and menn	ner ea stated.		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 P	COMPLET	CONSUM ONLY	: On the basis of examination						e(e) end menner ee stated.	
THE HOS THE FUN filed with	BE C	254 SUCHATURE AND TITLE OF CERTIFIER		1		29c. LICENSE NUME	BER	29d. DATE SIGN	ED (Month, Day, Year)	
5 5 3 M	TO B	Unment	en affe	udey	mo			· 4/.	21170	
1.	_	Vinodrai Mehta, M			1.00	1 11				
08		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE		bridge. M	D 21613			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-rours after death. Page 6 may be remement by the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be died by filled in by the funeral director, page 5 should be died by filled in by the funeral director, page 5 should be died by filled in the filled in the filled filled in the filled in the filled filled in the filled in	and in a state of the second o	as the burial-transit permit. Pages 1, 2, 3 should			
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	ay be remained by	page 5 should by		t be nettlied a	
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	after death. Page 6 m.	y the funeral director,	noval.	cal examiner must	
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	rted within 23 mours a	completely filled in by	ial, cremation, or rem	c event, the medic	
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	th certificate be execu	ending physician and	Il Hygiene prior to bur	or other traumatic	
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	requires that the dear	een signed by the att	of Health and Menta	shows any injury,	
TO THE HOSPITAL OR ATTENI TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If Item 28 is	PHYSICIAN: The law	this certificate has b	with the State Dept.	rked, or item 23	
₽ ₽ 3 <b>2</b>	NITEN	NAL DIRECTOR: After	72 hours after death	If Item 28 is ma	
	THE HOSPI	THE FUNE	iled within	PORTANT	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR	Assessed Assessed	CERTIFIC	ATE OF DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)	H0380 L:	illian Viv	ian Hazel	2. DATE MONTH	OF DEATH DAY	YEAR	3. TIME OF DEATH		
Lillan	1 10030			9	18	90	U4307"		
4. SOCIAL SECURITY NUMBER 577-01-4831			UNDER 1 YEAR IF UNDER 24 NTHS DAYS HOURS I	Month Feb.	of BIRTH n, Day, Year) 7, 189	Count	HPLACE (State or Foreign hry) nington, DC		
9a. FACILITY NAME (If not institution, give :	street and number)	96	CITY, TOWN OR LOCATION	OF DEATH	9	9c. COUNTY OF I	DEATH		
Baltimore County	General Hosp	pital I	Randallstown			Baltimo	ore		
10e. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY		
	ntgomery	Bet	thesda				1 TES 2 NO		
10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN OF	WHAT COUNTRY?		
4521 East West H	Highway		20814			United	States		
11. MARITAL STATUS	12, WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF I			r No — 14. RAC Blec	E — American Indian, ck, White, stc.		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TES 2 X NO		trousi, etc.,	Spec			
15. DECEDENT'S EDI (Specify only highest grad		18e. DECEDENT'S US	UAL OCCUPATION done during most of working stred.)	16b	KIND OF BUSIN	NESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Sales Cl	,	D	epartme	ent Sto	re		
17. FATHER'S NAME (First, Middle, Lest)		1	18, MOTHE		Middle, Maiden Su				
Phillip Backenhe	eimer		1.1		cca Bel				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or	Rural Route Num	ber, City or Town,	State, Zlp Code)			
Mamie Arline Le	Compte	4521 Ea	ast West Hig	hway, B	ethesda	a, Mary	land 20814		
20a. METHOD OF DISPOSITION			ON (Neme of cemetery, cremete			ATION — City or 1			
1 X Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	Ft. Lincoln			Brent	twood, I	Maryland		
22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814-3501									
23. PART I. Enter the diseases, pr			enter the mode of dylng	, such as can	diac or reapire	itory arrest,	Approximate		
	. Liet pnly one ceuse on	eech line.					Interval Between Onset and Death		
IMMEDIATE CAUSE (Finel disease or condition	Caroliox	esp ou	ment.				1995,031,550		
resulting in death)		A CONSEQUENCE OF):	.000						
	50	osis.					!		
Sequentielly list conditione, If any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF):		-					
cause. Enter UNDERLYING	C.								
CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST	d								
PART II. Other aignificant condition	ona contributing to death	but not resulting in	the underlying cause giv	en in Part I.	24a, WAS AN A	UTOPSY 24	b. WERE AUTOPSY FINDINGS		
A		1	1-2209 At	A	PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
	1.0				1 - YES 2)	7 140	OF DEATH?		
To opercing	brown Sy	indiano					1 YES 2 NO		
25, WAS CASE REFERRED TO MEDICAL	5100x 39	1010112	26. PLACE OF DE	TN (Check only n	l nel				
EXAMINER?  1 YES 2 NO	HOSPITAL:	rtpatient 3 DOA 4	THER:						
27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year	Y 28b. TIME (		28d. DE	SCRIBE HOW IN	JURY OCCURED			
1 Natural 5 Pending 2 Accident Investigation		,	M 1 TES 2	NO					
3 Suicide 8 Could not be	28e. PLACE OF INJU	RY — At home, farm, stre	et, factory, office	28f. LO	CATION (Street ar	nd Number or Rura	l Route Number,		
4 Homicide determined	building, etc. (Si								
4   Homicide dataminad	building, etc. (S)	300117							
29a. CERTIFIER 157 CERTIFYING DAY	building, etc. (S)	<u> </u>	st lihe time, data and place, s		nuse(a) and mann	ner as atated.			
29a. CERTIFIER (Check only 1 ) CERTIFYING PNY	building, etc. (S)	owledge, death occurred		nd due to the ca					
29a. CERTIFIER (Check only 1 ) CERTIFYING PNY	SICIAN: To the best of my kn	owledge, death occurred	in my opinion, death occure	nd due to the ca		due to the cause	e(s) and manner sa stated.		
29a. CERTIFIER (Check only one) 1 1 CERTIFYING PNY 2 MEDICAL EXAMIT 29b. SIGNATURE AND TITLE OF CERTIFIED	SICIAN: To the best of my known the basis of examinar	owledge, death occurred tion and/or investigation,	In my opinion, death occurred 29c. LICEN D3	nd due to the ce I at the time, dat SE NUMBER	e and place, and	29d. DATE SIGNI	e(s) and manner as stated.  ED (Month, Day, Year)  18, 1990		
20a. CERTIFIER 1 1 CERTIFYING PNY (Check only orne) 2 MEDICAL EXAMIN	SICIAN: To the best of my known the basis of examinar	owledge, death occurred tion and/or investigation,	In my opinion, death occurred	nd due to the ce I at the time, dat SE NUMBER	e and place, and	29d. DATE SIGNI	e(s) and manner as stated.  ED (Month, Day, Year)  18, 1990		

TO BE COMPLETED BY FUNERAL DIRECTOR

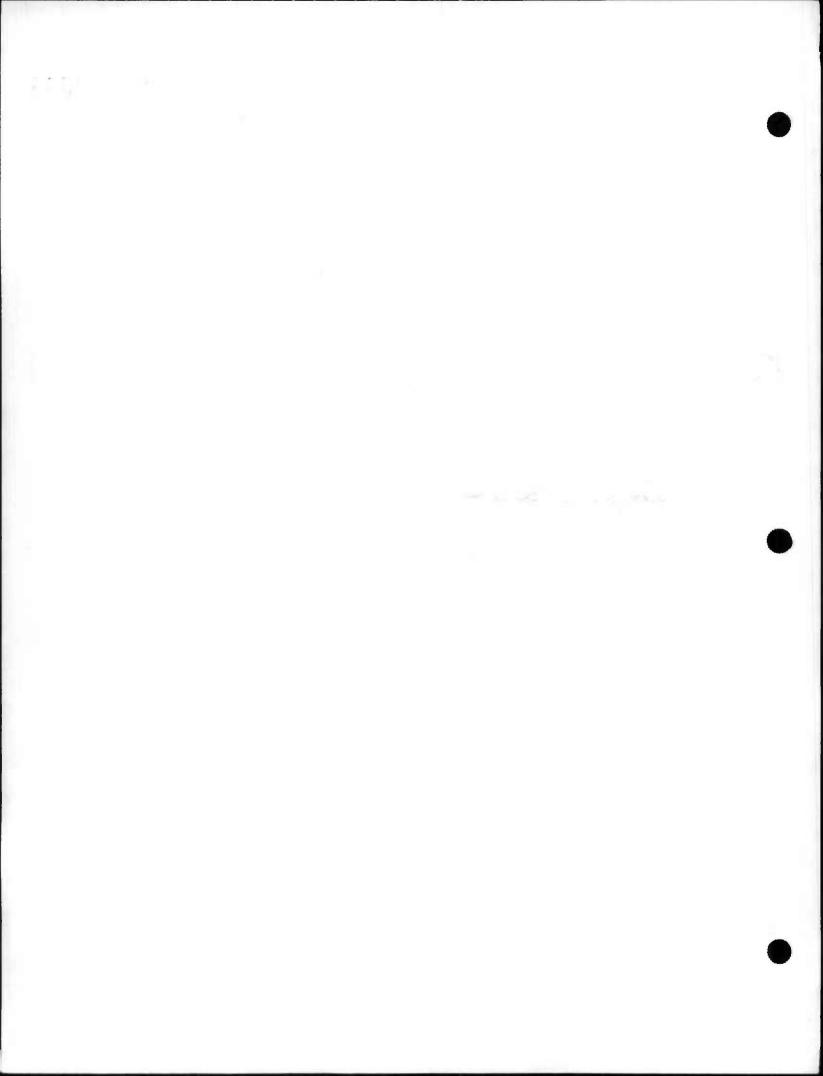
D 21203-3146

BALTIMORE, MARYL

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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See APACLETY INAME (Free Palace  See CORT TO PRINCE  See CORT TOWN OR LOCATION  MONTGOMERY  MARY Land  Montgomery  See CORT TOWN OR LOCATION  Montgomery  See CORT TOWN OR LOCATION  Montgomery  See CORT TOWN OR LOCATION  No. NEEDER CORT TOWN OR LOCATION  No. STREET AND INAMES  12. MAD DECIDING FOR IN U.S. A MADE  13. MONTGOMER 2 CORE  14. DECIDING FOR IN U.S. A MADE  14. MONTGOMER 1 CORE  15. MONTGOMER 1 CO			70	MONTH			4 HRS.	7. DATE (	OF BIRTH		8. BIRTHPLA Country)	NCE (State or Fo	reign
***RESIDENCE OF PROCESSION PROCES			/Z YR	RS.									
THE STREAM ON THE PROPERTY WAS COUNTY BY COUNTY WAS AND LOCATION WAS AND L				9b. C									
MARTYLAND   MANUSCRIPT   MAD   MANUSCRIPT						ensiii	igto.	<u>n</u>		MOI	itgone	iry	
The STREET AND NUMBERS  3801 Archer Place  100 Jan Cooker  2085  100 Jan Cooker  2085  100 Jan Cooker  2085  100 Jan Cooker  100 Jan	10e. STATE 10b. CC	YTAUC	10c		·						10-	d. INSIDE CITY LIMITS?	
3801 Archer Place  11. Margineria SQUerried  12. Was Occoding perm Nus. America 13. Was Occoding perm Nus. America 14. Was Occoding perm Nus. America 15. Was Occoding perm Nus. America 16. Will 8 Korea  15. Section of succession section of succession of		ntgomery		Kens									NO
The Management and Company (Part of a 1)  The Management Analyst (Mill & Korea  The Decembers Bouldman (Part of a 1)  The Management Analyst (Mill & Korea  The Management Analyst (Mill & Mill & Mi		ace			101.					10g. CITIZ			
## CORECEPHENT BURNAL COLUMNIAN ACCOUNTAINT WARRANGE ACCOUNT A CONTROL OF THE PART OF THE	1 Never Married 2 Married	IF YES, GIVE WAR	OR DATES		If yes, spe	ecify Cuban,	, Mexicar	n, Puarto R		or No-	Black, W	Vhite, etc.	an,
Control you's playable gradue complained   College (14 or 8 + )			- T	ALIDIT OFFICE	1 OCCUPATIO	100		Takk	VIND OF BUR	"YESS/IND	HOTEN	MILLOS	
TI. PETRICHS NAME (Pay, Mason, Lady  MOTTIS  JOSEPH  Hauft  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanu)  Dora  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanu)  Dora  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanu)  Dora  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanu)  Dora  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanu)  Bother Sumanus  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanus)  Bother Sumanus  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanus)  Bother Sumanus  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanus)  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanus)  Bother Sumanus  Sugar  18. MOTHER'S NAME (Pay, Mason, Makoo Sumanus)  Sugar  18. MOTHER'S	(Specify only highest	grade completed)  College (1-4 or 5+)	(Give kin life. Do N	nd of work do IOT use retire	one during mos	el of working untan	it	106.				nt	
Morris Joseph Hauft Dora Sugar  18b. MALINA ADDRESS (Street and Marrier of Paris) Rocke Marrier (Paris) Rocke			Planay.	CHICAL	. Andi								
Janice H. Weymouth  6801 Tilden Lane, N. Bethesda, Maryland 20852  20, BLACE OF DIRECTION (Name of combiny, commonly or about the property of			На	uft		16. MUIN			flodie, Maluen a	Sumame)	٤	Sugar	
AS Burbal 2   Cremention 3   Removal from State   Gate of Heaven Cemetery   Silver Spring, Maryland   Gate of Heaven Cemetery   Silver Spring, Maryland   Silver Spring, Maryl	the state of the s											20852	
22. NAME CASE REFERENCE TO MEDICAL INVESTIGATION OF THE PROPERTY OF THE PROPER	X Burial 2 Cremation 3 Removal from State Other piece)										5 nd		
AVENUE Bethesda, Maryland 20814-3501  3. PART I. Enter this diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 (Yes 2   NO			Gate C.	1 1100	22. NAME AN	ND ADDRES	S OF FA					, Mary-	Lanu
23. PART I. Enter the "Blassess, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OP):  Sequentially list conditions, land, and the conditions cause or condition or contributions of the conditions of the conditi	Dags.	C Saas	2 моо	522	Rober Bethe Avenu	t A. sda-C e, <u>Be</u>	Pum hev	phrey Chi sda,	y Fune: ase,In Maryl	ral E	7557 V 2081		sin_
H any, leading to immediate cause. Enter NIDERLYTHIS CAUSE (Disease or injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS ACCURN OF OR AS ACCURN	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition	e. GUNSHOT	on each lina.	HEAI	nter the mo	de of dyir	ng, auci	h as card	llac or reapir	atory arm	est,	Interval B	atwaan
25. WAS CASE REFERRED TO MEDICAL  EXAMINERY  1	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c											
EXAMINER?  1   XYES 2   NO	PART II. Other algorificant con	ditione contributing to de	eth but not resul	ting in the	a undariying	g ceuse g	iven in	Part I.	PERFOR	MED?	AA CC	MAILABLE PRIOR OMPLETION DF OF DEATH?	CAUSE
EXAMINER?  1   XYES 2   NO	OF MAR CARE DESERBED TO MEDIA				26 PI	TOS OF DE		- trankra	-4				
27. MANNER OF DEATH  1 Natural 6 Pending Investigation 3 Subcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28e. LOCATION (Street and Number or Fural Floute, Number of Dullding, etc. (Specify) — 2 Medical Examiner: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29e. CERTIFURE AND TITLE OF CHITICAL EXAMINER: On the basis of aximination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  29e. LICENSE NUMBER 29e. DATE SIGNED (Month, Day, Vear) — 9-23-90  MARY DATE FILED (Month, Day, Vear) 31. DATE FILED (Month, Day, Vear) 32. REGISTRAR'S SIGNATURE	EXAMINER?	HOSPITAL:	Diffusionalism 1 1 1	ОТ	HER:	* *			-				
1 Natural 6 Pending Investigation 2 Accident 3 Subcide 8 Could not be determined 2. Could not be determined 3. Could not be determined 3. Could not be determined 3. Could not be determined 4. Could not be determined 4. Could not be determined 5. Could not be determined 5. Could not be determined 5. Could not be determined 6. Could not be determined 6. Could not be determined 6. Could not be determined 8. Could not be deter		28a, DATE OF IN	JURY 28	b. TIME OF	28c. INJ	JURY AT	sidence			NJURY OC	CURED		
29a. CERTIFFIER (Check only ore) 2 Medical Examiner: On the basis of aximulation and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  9-23-90  Mario F. Golle, Jr., M.D., Assistant 111 Penn Street, Baltimore, MD 21201 VI  31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	The state of the s	YAULAI	M 1 .	YES 2	NO.								
(Check only one) 2 X MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of asymmetric and one investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of asymmetric and one investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, seath occurred at the time, date and place, and due to the cause(a) and manner as stated.    MEDICAL EXAMINER: On the basis of my knowledge, part of the time, date and place, and due to the cause(a) and manner as stated.   MEDICAL EXAMINER: On the basis of my knowledge, part of the time, date and place, and due to the cause(a) and manner as stated.   MEDICAL EXAMINER: On the basis of my knowledge, part of the time, date and place, and due to the cause(a) and manner as stated.   MEDICAL EXAMINER: On the basis of my knowledge, part of the time, date and place, and due to the cause(a) and the time time, date and place, and due to the	The state of the s	not be building, etc	NJURY — At nome, t	larm, street,	, factory, offic	•1		C/ty	or Town, State)	-38111.	ARCH	ER PLA	ÇE _{ANI}
Mario F. Golle, Jr., M.D., Assistant 111 Penn Street, Baltimore, MD 21201 vl	(Check only											and manner as:	stated.
Mario F. Golle, Jr., M.D., Assistant 111 Penn Street, Baltimore, MD 21201 Vl 31. Date FileD (Month, Day, 1997) 32. Registran's signature	394 SIGNATURE AND TITLE OF CHI	Clalle	A	1.		29c, LICE				29d. DAT			)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE			/			ann (			Doltim	270			77]
		32. REGISTRAR	S SIGNATURE		TII F	em a	otte	et,	Ватсти	ore,	מוצו	21201	ΛТ



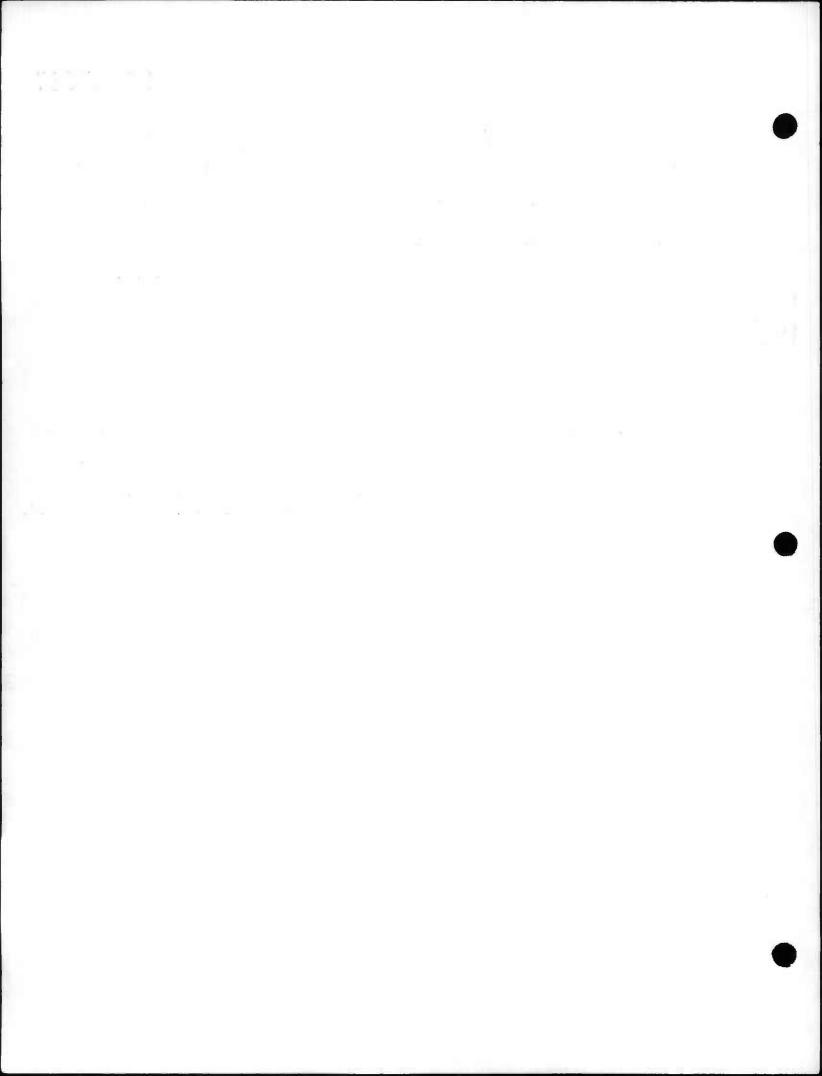
BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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HOSPITAL OR ALIENDING PHYSICIAN: The Law requires that the death certificate be executed writing 24 flours after death. Fage 6 final be flaithed by the flosping of	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	100	manner or to the contract of t
MIA	RA	7	
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Ĭ	S.	*	i

		FOR 1 - STATE REGISTRAR	STATE OF MARYLANI			F HEALTH AND N	MENTAL HYGIEN	E	0 27567
)		1. OECEDENT'S NAME (First, Middle, Last)  EDITH A.	EDITH A. HIS	TEN			2. DATE OF DEATH DO NOTH DO NO		3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 214 30 1311 A		s. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) (arch 28	8.6	BIRTHPLACE (State or Foreign Country) Switzerland
990		Se. FACILITY NAME (If not institution, give et	reet end number)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY	
en evi	OR	Washington Adv	entist Hosp:	ital	Take	oma Park,	,	Mont	gomery
#* \$8	DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CITY	r, TOWN OR L	OCATION			10d. INSIDE CITY
8	HIG	Maryland Montg	omery	Tak	coma 1	Park			LIMITS?
permit		10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
, in	UNERAL	#7 Hickory Ave	nue			20912		U.S	.A.
	BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If ye	DECENDENT OF HISPAN e, specify Cuben, Mexice YES 2 X NO Specify	n, Puerlo Ricen, etc.)		RACE — American Indian, Black, White, etc. SpecifyInite
割別	ED	15, DECEDENT'S EDUC	CATION 16r	. OECEDENT'S			16b. KIND OF BU		
Spiral or	COMPLETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	in militard )	or most of working Professor	Educa	tion	ii.a
retained by the hospital 5 should be detached to notified at once.	O.	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
M Pe	ш	Humbert Jeyme	t			Anna			
retained 5 should notified	0 B	19e. INFORMANT'S NAME (Type/Print)	141			reet end Number or Rural I			
ay be no	-	Mirke S. Apple		11206					, MD., 20901
age 6 may director, pa er must b		20e. METHOD OF DISPOSITION 1	leti	ACE OF DISPOS POPOLI	tan (	of cometery, cremetory or Crematory	Ale	exandr	ia, Va.
e funeral si. examin		21. SIGNATURE OF FUNERAL SERVICE LIC	Teach		TA	AKOMA FUN	ERAL HOM	E, IN	C.
ed within 24 ompletely fills al, cremation, event, the	z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the List only one cause on each one to (on as a co	line.	ot antar the	moda of dyling, auc	h as cardiac or reap	iratory arreat,	Approximata Interval Between Onset and Death
e be execute sician and c infor to buris traumatic	원	Sequentially list conditions,	. /	2/	240	1.00			
ath certificate be ttending physician al Hygiene prior or other trau	ERTIFICA	If sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in dasth) LAST	DUE TO (OR AS A CO	/	240	•			
death certificat attending phy artal Hygiene p		cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS A CO	HISEQUENCE OF	etri	dying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JANO
death certificat attending phy artal Hygiene p		cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO	pot resulting	In the undar	dying cause given in	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
death certificat attending phy artal Hygiene p		cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	DUE TO (OR AS A CO	pot resulting	OTHER:	PLACE OF DEATH (Ch. 1) Home 5   Residence	PERFOI 1 YES :	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  AO
death certificat attending phy artal Hygiene p		Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS A CO	pot resulting	OTHER: 4   Nursing	26. PLACE OF DEATH (Ch	PERFOI	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 JANO
death certificat attending phy artal Hygiene p		Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	DUE TO (OR AS A CO	pot resulting	OTHER: 4   Nursing	26. PLACE OF DEATH (Ch.  If Home 5   Residence c. INJURY AT WORK?   YES 2   NO	PERFOI 1 YES :	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 JANO
leath certificat attending phy mal Hygiene p		Cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in dasth) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEN OF OEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYS.	HOSPITAL: 1 Ø inpatient 2 ER/Outpatie 26e. DATE OF INJURY 26e. PLACE OF INJURY 26e. PLACE OF INJURY	prot resulting	OTHER: 4 Nursing E OF 26 FURY M 1	26. PLACE OF DEATH (Ch.  If Home 5   Residence c. INJURY AT WORK?   YES 2   NO office	PERFOL  1 YES:  8 Other (Specify)  28d. DESCRIBE HOW  26f. LOCATION (Street City or Town, State)  to the cause(e) end me	INJURY OCCUR	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 AO

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randolle



8. BIRTNPLACE (State or Foreign

3. TIME OF OEATN

8:03

PW

1. OECEDENT'S NAME (First, Middle, Last)

577 40 7681

4 SOCIAL SECURITY NUMBER

Orfa Milena HUDLEY

5 SEY

1 M 2 KF

6. AGE (In yrs. lest birthday)

62

IF UNDER 1 YEAR

DAYS

MONTHS

YRS.

IF UNDER 24 HRS.

HOURS

18 **19**9b

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year

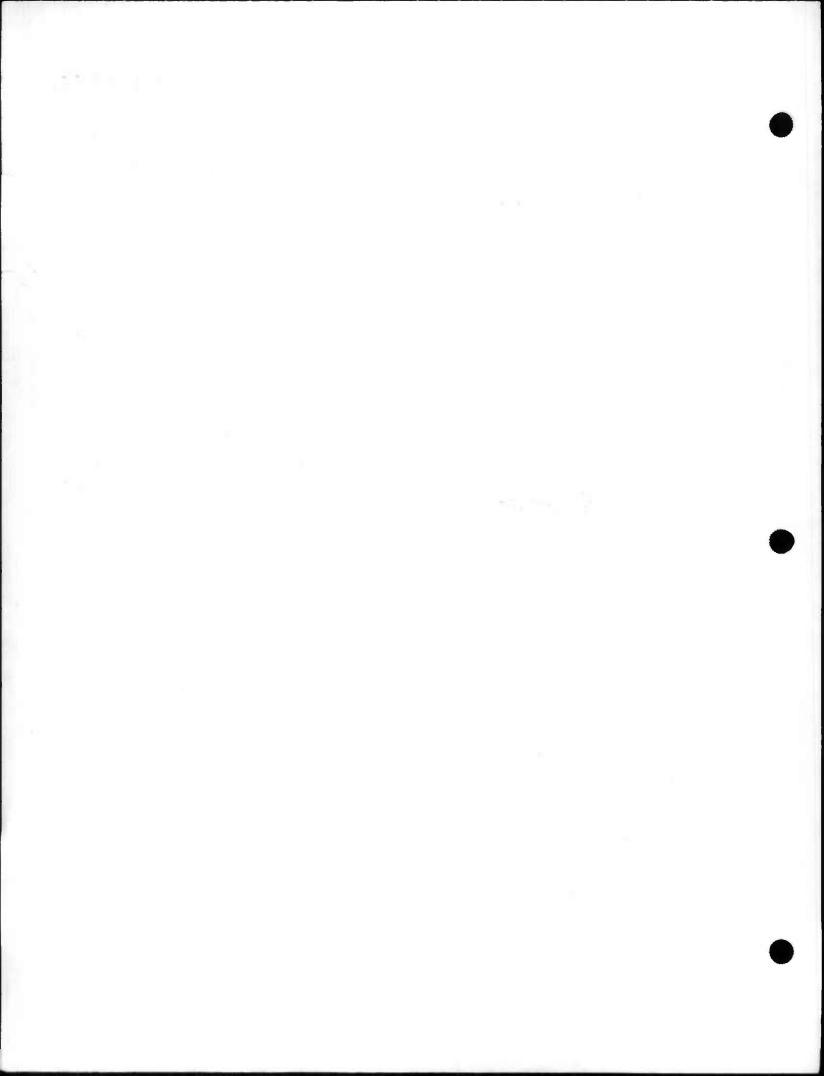
September

2/24/28

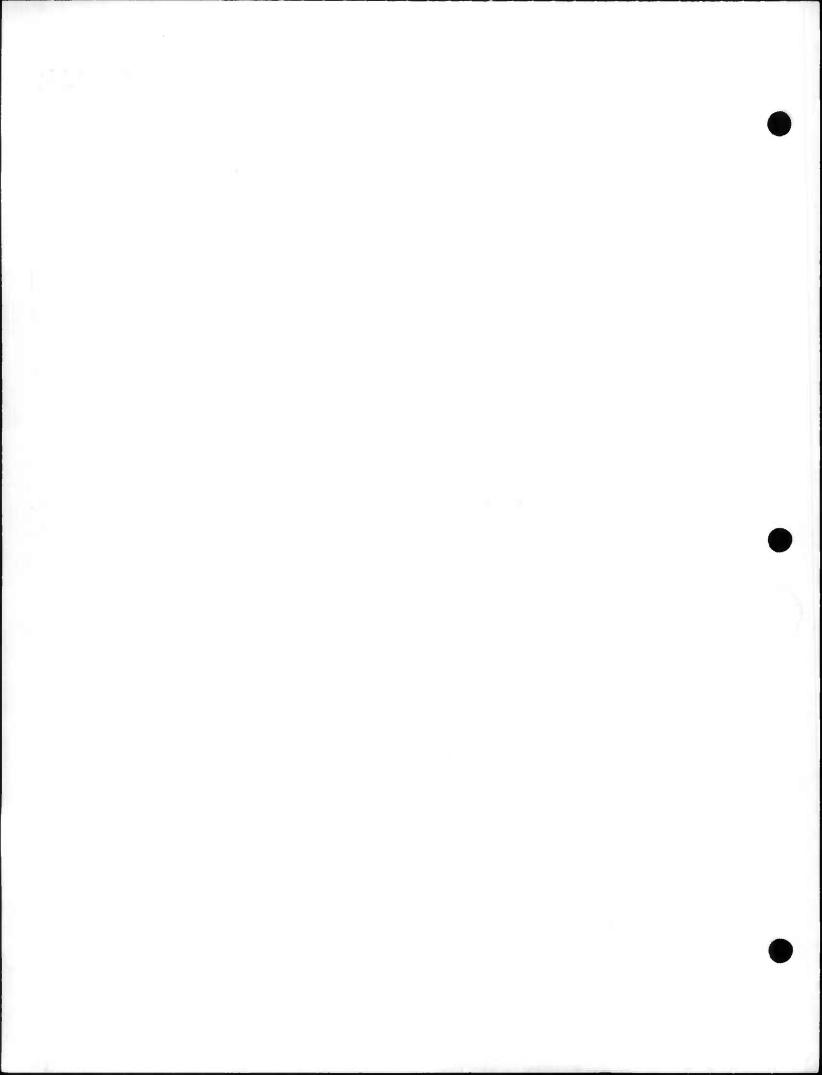
203-3146

executed within BOX 13146, certificate be P.O. that the death DIVISION OF VITAL RECORDS, HOSPITAL OR ATTENDING PHYSICIAN; The law requires

Nicaraqua permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH AMI DRS' HOSPITAL OF P.G. COUNTY Prince George DIRECTOR Lanham RESIDENCE OF DECEDENT 10d. INSIDE CITY 10c. CITY, TOWH OR LOCATION Maryland Prince George Hyattsville 1- YES 2 ND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5816 36th Avenue 20782 USA 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 2 X NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 Never Married 2 X Married TXXYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 1/12 Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Jose Leyton Maria Alonzo BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Norman Hudley 5816 36th Ave Hyatts, Md 20a. METHOD OF DISPOSITION
1 IX Burlal 2 □ Cramation 3 □ Ramoval from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata 4 Donation 5 Other (Specify) Maryland Veterans Cemetery Chelterham Md 21. SIGNATURE OF FUNERAL SERVICE 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi 11800 New Hamp. Ave. S.S. Md. Dorus 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats interval Between shock, or heart feilure. List only one cause on sech line. Onset and Death IMMEDIATE CAUSE (Final disease or condition_ pulmona Cardio resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Sephi Sho CERTIFICATION Sequentisity list conditions, DUE TO ( AS A CONSEQUENCE DE if sny, leading to immediate cause. Enter UNDERLYING arcinon ancreas a CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO has been s Dept. of H n 23 show PHYSICIAN: 25, WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER nt 2 - ER/Outpatient 3 - DOA 4 🗆 Nure ing Home 5 - Residence 8 - Other (Specify) 27, MANNER OF CEATN 28a. DATE OF INJURY 28b. TIME DF 28c. INJURY AT 284 DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE DF INJURY — AI home, farm, streel, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED FUNERAL DIRECTOR: / 4 Nomicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MPORTANT: If 2 🔲 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITILE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) THE F B D18895 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MOBAR CARROLL AVE, TAKOMA PARK, MID ARIM 31. DATE FILED (Morith, Day, Year)
SEP 20 32. REGISTRAR'S SIGNATURE '90 wha Davidson Randoll OHMN-18 Rev 1/89



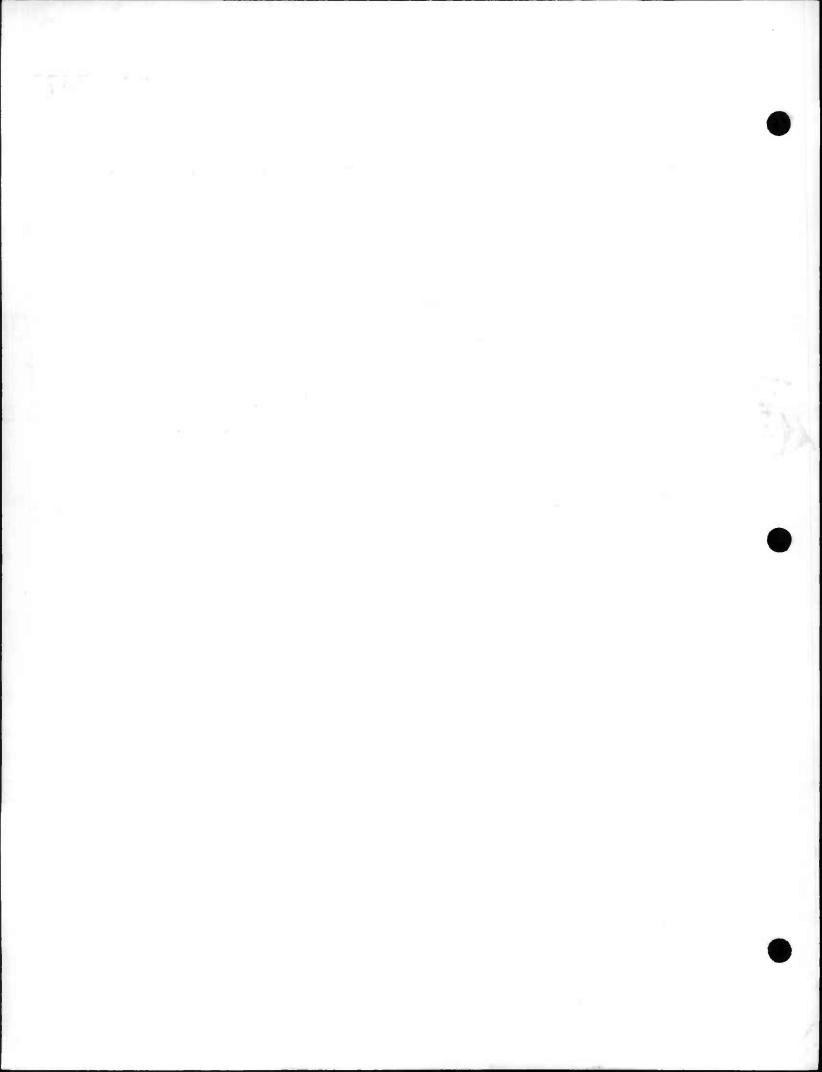
	- STATE REGISTRAR	0.000	CE	RTIF	ICATE	OF	DEATH	R	EG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF I	DEATH	N.	YEAR	3. TIME OF DEATH	
	Teodor	ban					Sept. 24, 1990				1:30 PM	М	
	4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH 8. (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign)	gn			
	214-21-1393	1X M 2 🗆 F	86	YRŞ.		DA10	moons wint.	Aug.	11,	1904	USS	SR	
_	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATION OF DE	ATH		9c. COU	NTY OF D	EATH	
DIRECTOR	Suburban Hospita	11			Bet	thes	sda			Mor	tgom	nery	
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OF	R LOCAT	ION					10d. INSIDE CITY	$\dashv$
8	Maryland Mon	ntgomery			Chev	y Cl	nase					LIMITS?	. [
7	10e. STREET AND NUMBER		-			101	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	$\neg$
EB/	3503 Inverness D	rive					20815			Roi	nania	a	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E					ENDENT OF HISPAN			or No-	14. RACE	E — American Indian, c, White, stc.	$\neg$
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1					2 NO Specify		1, O1C-)		Speci		۔ ا
			1					1				***************************************	
1	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G/	ve kind of Do NOT u	Work done du se retired.)	uring mo	at of working	180. KIN	ID OF BU	SINESS/IN	JUSTRY		
12	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		ofes	,			Col	lege	/Uni	versi	ity	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTHER'S NA	ME (First, Midd	le, Maiden	Surname)		•	
	Stefan Holban						Eufi	mia Do	rnes	scu			_
) BE	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural I						
2	Ana Holban		3	503	Inver	cnes	s Drive,	Chevy	? Cha	ase,	MD	20815	
	20a. METHOD OF DISPOSITION 1 Burial 2 Coremation 3 Rem	noval from State	other ple	lane			netery, crematory or			CATION -			
	4 Donetion 8 Other (Specify)		Montgo	omer		Crematorium, Inc. Bethesda, Maryland							
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	14	0010	22. N Ro	ber	D ADDRESS OF FA	phrey	Fune	ral 1	Home,	/	- 1
	Kahuy 3	tanah	M	0019	755	eth 7 W	esda-Che	vy Cha Ave.	se, Beth	inc. esda	, MD	20814-35	01
	23. PART I. Enter the diseases, or ahock, or heart failure.	Complications that c	aused the da	eth. Do	not enter 1	the mo	de of dying, auc	h as cardisc	or resp	iratory sr	reet,	Approximate Interval Bet	
	IMMEDIATE CAUSE (Final	cist only one couse	on each mie									Onset and I	
	disease or condition resulting in death)	. Cardi	opulmo	nary	Arre	st						Sudde	n
	The state of the s		DUE TO (OR AS A CONSEQUENCE OF):  Cardiomyopathy  Years								. 1		
NO O	Sequentielly list conditions,	D	OMYODA		en.							lears	-
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	302 10 (0	THE A CONSEC	JOENOE C								j	
임	CAUSE (Diseese or Injury that initiated events	C. DUE TO (O	R AS A CONSE	DUENCE C	NF):							-	-
F	resulting in death) LAST	d.											
	PART II. Other significant condition	no contributing to d	noth his not a		In the res	of minds of the	- cause shorts	Post I as		AUTOPSY	Lin	WERE AUTOPSY FING	2000
DICAL	PART II. Other significant condition	is contributing to be	eeth but not r	esuiting	in the uni	deriyin	g ceuse given in		PERFO	RMED?	246	AVAILABLE PRIOR TO COMPLETION OF CAI	
Ē								—   ¹	YES 2	2 🔀 NO		OF DEATH?	
Σ								- 1				1 TYES 2 NO	,
AN	25. WAS CASE REFERRED TO MEDICAL					28. P	ACE OF DEATH (Ch	neck only one)					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	R/Oulpatient 3	□ DOA	OTHER	1:	ne 8 🗆 Realdence		pecify)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TII		28c. IN.	JURY AT	28d. DESCR		INJURY O	CURED		
ВУ Б	1 Natural 5 Pending 2 Accident Investigation	(worth, bay,	7047)	"	М		YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF I	INJURY — At ho c. (Specify)	me, farm,	street, facto	ory, <b>offic</b>	•	28f, LOCATH City or 3	ON (Street own, State	and Numbe	or Rural	Route Number,	
ETE	4 Homicide determined												- 1
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of m	y knowledge, de	eth occur	red at the th	me, date	and place, and due	to the cause(	a) and ma	nner as st	eted.		
COMPLETED	One) 2 MEDICAL EXAMIN	ER: On the basis of exer	mination and/or	investigat	on, in my o _l	pinion, d	leath occured at the	time, date an	d place, a	nd due to t	the cause(	a) end manner ee sta	ted.
ш	290 SIGNATURE AND TITLE OF CERTIFIE	iR ,	00				29c. LICENSE NU	MBER		29d. DA	TE SIGNE	O (Month, Day, Year)	
Ω	Jack /	Unssi	2 No		40		15948			S	ept.	25, 1990	)
5	MAME AND ADDRESS OF PERSON W												
	VJoseph A. Vassa		5530	Wisc	onsin	ı Av	e. Chev	y Chas	se, M	iaryl	and	20815	
	31. DATE FILED (Month, Day, Year) SEP 26 *90	32. REGISTRAR	a Savidson	. Ya	1.00								
	JET LU JI	J July	- waldo	100 M	Merk								



ž	OE.	-	-
BALLIM	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Pag	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dim be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner is
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	uted	g la	2
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	랖	FILE	TAN
	岩	THE	POR
	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	REGISTRAR	CERTIF	ICATE	FDEATH	REG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM Wesley	HUMPHRIE	S Sr		2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF D				
		E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH		IRTHPLACE (State or Foreign		
	234-03-1474 ty M 2 🗆 F	77 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)	a	ountry)		
	9a, FACILITY NAME (If not institution, give street end number)	//	9b. CITY. TOW	H OR LOCATION OF	Sept. 5.	9c. COUNTY C	aunton, Va.		
OC.	PRINCE GEORGE'S HOSPITAL CE	ENTER		EVERLY			E GEORGE'S		
DIRECTOR	RESIDENCE OF DECEDENT								
E I	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
5	MARYLAND   Prince George's	Che	verly				1 YES 2 NO		
H	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	5810 Dewey Street			20785		U.S.	Α.		
5	11. MARITAL STATUS  12. WAS DECEDENT-EVEL FORCES? 1 2 Y	R IN U.S. ARMED			ANIC ORIGIN? (Specify Yea	or No 14. F	RACE — American Indien, Black, White, etc.		
	IF YES GIVE WAR OF			ES 2 ₹ NO Spec	cen, Puerto Ricen, etc.)		Snanffy:		
ВУ	3 Widowed 4 Divorced WWII						White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUP. work done during se retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUSTR	łγ		
Ш	Unavailable Unavailable		,		Ilomo Ima		t. 0		
MP		Owner					nt Company		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			574 (544 ) 444 (444 )	IAME (First, Middle, Maiden				
BE	Samuel Franklin Humphries				irginia Con				
2	190. INFORMANT'S NAME (Type/Print) Alice F. Humphries (Spouse)				I Route Number, City or Tow				
					heverly, Ma		*		
	20a/METHOD OF DISPOSITION 1	Fort Linc	oln Cor	cometery, crematory o		c. LOCATION — City or Town, State rentwood, Maryland			
	4 Donation 5 Other (Specify)	TOTE BINC	OTIL CEL	AND ADDRESS OF	prei	twood,	Maryland		
	sala In In	2 2112.	Fra	ncis Gasc	h's Sons Fu	neral 1	Home, P.A.		
	Kunay 7 - 40101	caun	473	9 Baltimo	re Ave. Hya	ttsvil	le, Md. 20781		
	23. PART I. Enter the disesses, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart felture. List only one cause on each line.								
	IMMEDIATE CAUSE (Finel	f decir mie.		ih.			Onset and Death		
	disesse or condition	NJ 146	AVIM. 1	NIL	Letistini		Min/Un		
		S A CONSEQUENCE O	F: 1-7	/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
N	Sequentially list conditions,	e Oh	111/c						
Ĕ	If eny, leeding to immediate cause. Enter UNDERLYING	S A CONSEQUENCE O	F):						
5	CAUSE (Disease or injury	S A CONSEQUENCE O	n:				<u> </u>		
E	that initiated events resulting in deeth) LAST						1		
CERTIFICATION						/			
AL	PART II. Other significant conditions contributing to desti	but not resulting	in the underl	ying cause given	n Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
EDICAL	ANTERIORUPIN HENT CHAVE	1			1 🗆 YES 2	OF DEATH?			
ME	Pherman 1		1				1 TES 2 NO		
	Chanil Weltown / PV	Mark	CIKLL	A.					
Y	25. WAS CASE REFERRED TO MEDICAL HOSPITAL		The second second second	L PLACE OF DEATH (	Check anly anej				
PHYSICIAN:	1 YES 2 DNO HOSPITAL:	Outpetient 3 🗆 DOA	4 D Nursing	Home 5 🗆 Residenc	e 6 🗆 Other (Specify)				
E	27. MANHER OF DEATH 28s. DATE OF INJUI /Month, Day, Vis		AE OF 28c.	INJURY AT WORK?	26d. DESCRIBE HOW	NJURY OCCURE	10		
B	1 Natural 5 Pending 2 Accident Investigation		M 1	YES 2 NO					
ED	3 Suicide 8 Could not be to suiding, stc. (8	JRY — At home, farm, Specify)	etreet, factory,	office	28f. LOCATION (Street City or River, State		ural Route Number		
	The second of th								
7	29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my ki	nowledge, death occur	red at the time,	date and place, and o	ive to the cause(e) and me	nner as stated.			
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examin	tion erd/or investigati	on, in my opinic	on, death occured at t	he time, date end place, e	nd due to the ca	use(e) end menner ee stated.		
ш	296. SIGNATURE AND TITUE OF CENTIFIER	10 !	102	29c. LICENSE N	UMBER	29d. DATE \$6	SHED (Month, Old Vilar)		
0	TO EMPLY Mensy VIII	MUR. 1	1/5	י עוע	220	<b>▶</b> 4	/18/00		
5	30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	· PINIA			1			
	TYPHPHUN TIMES VI	MINNIN	MA	P.G. H	ospital, Ch	everly.	, Md. 20785		
	31 DATE FILED (Month, Day, Year) 32 HEGISTRAR'S S	IGNATURE	1						
		5							
	pur ason-	Mandale					DHMH-16 Rev 1/89		





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funeral	rithin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	ANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must
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	REGISTRAR		CERTI	FICALI	E UF	DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		6.0		,=-		2. DATE OF DEATH DA	Y	YEAR :	3. TIME OF DEATH
- 1	Janice Rae Higg:			Ivo	9 15 90			11000		
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AG	E (In yrs. last birthday			IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI	LACE (State or Foreign
	007-22-4179	63 YRS.	MONTHS	DAYS	HOURS MIN.	12-28-8	76 1		Brook, ME	
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY	, TOWN	DR LOCATION OF DE	ATH		TY OF DEA	
S S	Washington Advent:	ist Hospit	tal	Ta	akom	a Park		Mor	ntgon	nerv
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY				-					
뿔				TY, TOWN						10d. INSIDE CITY LIMITS?
9	Maryland Pri	nce George	e's	Riv	rerd					YES 2 ND
¥	6605 Oakland Aven				10	r. ZIP CODE				IAT COUNTRY?
FUNERAL DIRECTOR						20737			U.S.A	
교	11. MARITAL STATUS  1 Never Married 2 Married	. WAS DECEDENT EVE FORCES? 1 Y	ES 2 X ND		If yes, sp	pecify Cuban, Mexican		or No-	Black,	– American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		1 TYES	S 2 NO Specify	10		Specify:	White
	15, DECEDENT'S EDUCATI		16a. DECEDENT				16b. KIND OF BUS	INESS/INDU	JSTRY	WILLEC
COMPLETED	(Specify only highest grade com Elementary/Secondary (0-12)	oflege (1-4 or 5+)	(Give kind o	f work done use retired.)	during m	ost of working				
P.	12th	4	Nurse				Prince (	eorg	100	General Host
NO.	17. FATHER'S NAME (First, Middle, Last)		1.0200			18. MOTHER'S NA	ME (First, Middle, Maiden		- 5 (	Reliefal Hos
Ö	Cleo L. McLaughlin	n.				Haze	1 V. McLel	lan		
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILI	IG ADDRES	S (Street		Toute Number, City or Town		Code)	
2	Richard Higgins, S	Sr	6605	0akla	and A	Avenue. R	iverdale,	Mary	land	20737
			100 PLACE OF DISP	OSITION (N	ame of ce	emetery, crematory or		CATION — C		
	20a. METHOD OF DISPOSITION  1 Burial 2 X Committee 3 Promoval  4 Donation 5 Q Giver Function	from State	Metropol	itan	Cre	natory	Alex	andr-	i o T	/irginia
	21. SIGNATURE OF FUNETIAL SERVICE LICENS	想	17	22.	NAME A	NO ADDRESS OF FA	CILITY			Ŭ.
	· / h. b. /	1/3.	the-	Fr	anc	is Gasch'	s Sons Fur	neral	Home	e, PA
	23. PART I. Enter the diseases, or com	7 1 94	77-4-				Ave. Hya			MD 20781 Approximata
	shook, or heart fallure. List			nor ente	i tiig iin	ode Di dying, suci	i ad celulac bi Tespi	racory orre	got,	Interval Between
	IMMEDIATE CAUSE (Final disease or condition South Sout									
	resulting in death)	Seption DUE TO (OR A	2 Snoc							
		DUE TO (OR A	D · 1	OF):						
CERTIFICATION	Sequantially list conditions, b	DUE TO COR A	Boxi to	11    S		1				
AT	If eny, leading to immediate cause. Enter UNDERLYING	2 Dia	legates	beh	hic	ulcer				1
임	CAUSE (Disease or injury that initiated events	DUE TO (OR A	conseduence	OF):	1.0					1
E	resulting in death) LAST									
8	u									
EDICAL	PART II. Other algnificant conditions of		h but not resultin	g in tha u	nderlylr	ng cause given in	Part I. 24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8	- Renal failur		<u> </u>				1 _ YES 2	The	1 3	COMPLETION OF CAUSE OF DEATH?
ME	- Retropentenca	1 bleed	)		_					1 TES NO
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHE		PLACE OF DEATH (Ch	eck only one)			
YSI		☐ Inpatient 2 ☐ ER/0		4 □ Nu	rsing Ho	me 5 - Residence				
F	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Ye		IME OF NJURY	W	JURY AT	28d. DEŞCRIBE HDW I	NJURY OCC	URED	
ВУ	2 Accident Investigation			M		YES 2 NO				
	3 Suicide 6 Could not be	building, etc. (	URY — At home, farr Specify)	n, atreet, fac	ctory, offi	ica	281. LOCATION (Street of City or Town, State)		or Rural Ro	oute Number,
COMPLETED										
P	29a. CERTIFIER CERTIFYING PHYSICIA	To the best of my to	nowledge, death occ	arred at the	time, dat	le and place, and due	to the cause(e) and man	nner aa state	ed.	
OM	one) 2 MEDICAL EXAMINER:	On the basis of examin	ation and/or investig	ition, in my	opinion,	death occured at the	tima, date and place, ar	d due to the	e cause(a)	and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	(vill)				296. LICENSE NUI	MBER	29d, DATE	E SIGNED (	(Month, Day, Year)
BE (		1				1) 85	635	19	117	190
2	MENAME AND ADDRESS OF PERSON WHO	LETHO CAUSE OF	DEATH (ITEM 27) (7)	pe, Print)	<u> </u>	\ \	1	_	1	t
	rayas A. Shaw	1 Was	husten	Ge	كالمور	ナイイ	2410Cot	4		
	31. DATE FILED (Month, Dwy, Year)	32 MEGISTRAR'S S	GNATURE				U			
	SEP 21'90 du	la Tavidson	Randall							
	0									DHMH-15 Rev 1/89

he h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral length are allowed by the details within 70 hours after death with the State heart, or Hearth and Mental Molecue britor to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must contribed at once
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A	SECTION AND AND AND AND AND AND AND AND AND AN	E 2
. OR	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral matter of the complete of the filled within 27 hours after death with the State Deat of Health and Mental Hydiene prior to burial cremation, or removal	Te.
PITAL	FRA	1 1
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DR.

31. DATE FILED (MOTH), Day, Year)
SEP 1 8 90

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	·	CI	EHIIFI	CATE OF	DEATH	2. DATE OF DE	G. NO.		3. TIME OF DEATH
FRANK GARDNER	HOYLE					MONTHPT	10AY	1990	
4. SOCIAL SECURITY NUMBER 213-38-0231	5. SEX 1 X M 2 F	6. AGE (In yrs. les		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	Year)	Coul	THPLACE (State or Foreign nitry)  ARYLAND
9a. FACILITY NAME (If not institution, give a	street and number)				OR LOCATION OF D	1		DUNTY OF	
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT		-	I so crry	TOWN DR LOCA	TION				10d. INSIDE CITY
	MARY'S C	0.		EONARDI					LIMITS?
100. STREET AND NUMBER 227 LAKE DRIVE				10	r. ZIP CODE	2			WHAT COUNTRY?
11. MARITAL STATUS	T 40 MM C DECEDED	T EVEN IN HE AR	MACO	40 3000 055	20650			.S.A	
1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR X YES 2 1 VAR OR DATES	NO	If yes, o	CENDENT OF HISPA Decity Cuben, Mexico S 2 X NO Special	nn, Puerto Rican, s	otc.)		CE — American Indian, sick, White, stc.
15. DECEDENT'S EDU (Specify only highest grade	ICATION s completed)	/G	CEDENT'S I	USUAL OCCUPATI	ON ost of working	16b. KIND	OF BUSINESS/	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5- L YEAR	+}		DRIVER		FOO	D RETA	IL S	TORE
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Middle,	Maiden Surname	)	
FRANKLIN JONES H	HOYLE .					A JANE J			
19a. INFORMANT'S NAME (Type/Print)	LIONER				and Number or Rural		,	,	
JOANNE L. CANNON					VE, LEON				
28a. METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	noval from State	other pi	lece)	MATORY	imatery, crematory or		CIT. TABLE		ARYT AND
23. PART I. Enter the diseases, Dr	Had complications the			MATT P.O.	BOX 270	ARDINER LEONA	RDTOWN	MAF	OME, P.A.  RYLAND 20650  Approximate
immediate cause (Final disease or condition resulting in death)	a. Alca	COLUMN SECTION		roh	us w	# L	gate	r l	Interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	QUENCE OF	7):					
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF	7):					
PART II. Other significant condition	na contributing to	death but not	resulting i	n the underlyin	na cause alven in	Part I. 24a. V	MAS AN AUTOPS	SV 2	4b. WERE AUTOPSY FINDINGS
							YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO
26. WAS CASE REFERRED TO MEDICAL				28 E	PLACE OF DEATH (C	heck only one)			/ \
EXAMINER?	HOSPITAL:	ER/Outpetlent 3	DOA	OTHER:	me 5 Residence		://v)		
27. MANNEH OF DEATH	26a. DATE Of (Month, I	E INJURY Day, Year)	28b. TIME	E OF 28c. IN	JURY AT ORK? YES 2 ND	28d. DESCRIBE		OCCURED	
3 Suicide 6 Could not be determined		OF INJURY — At he, etc. (Specify)	ome, farm, s			281. LOCATION City or Town		nber or Runi	al Route Number,
29s. CERTIFIER (Check only	SICIAN: To the best o	f my knowledge, d	eath occurre	d at the time, dat	e and place, and du	e to the cause(a) (	and manner as	stated.	
0001	ER: On the basis of	pramination and/or	Investigatio	n, in my opinion,	death occured at the	e time, date and p	lece, and due t	o the cause	e(a) and manner as stated.

LEONARDTOWN,

MD.

M.D.

32. REGISTRAR'S SIGNATURE
Julia Davidson-Mandall

BOYD

DHMH-16 Rev 1/89

DIRECTOR

FUNERAL

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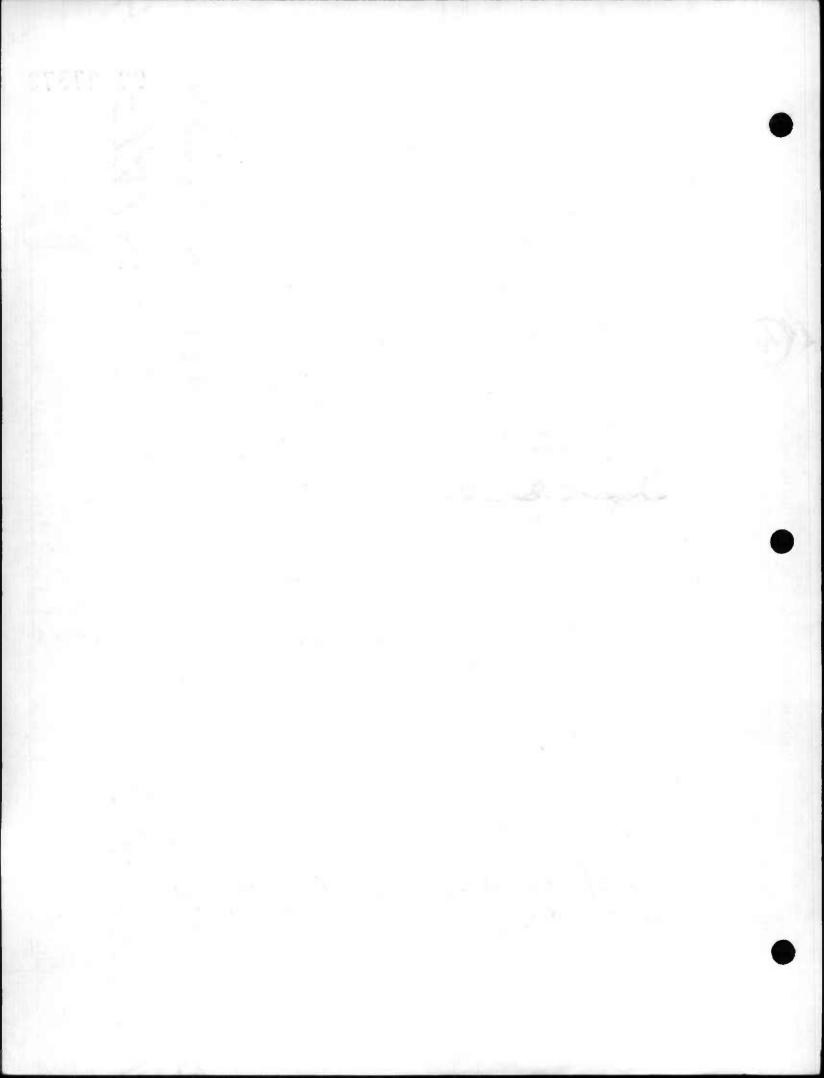
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CERTIFICAT

BALTIMORE, MARYLAND CT 2013146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Cynthea Steele Hall CYNTHEA 138A M 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Georgia 514-30-3191 octions, Day 3001 1929 60 1 M 2 XX YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY Maryland Bethesda Montgomery 1 TES TO NO 10e STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 5709 Rossmore Drive 20814 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, apecify Cuban, Mexican, Puerto Rican, etc.)
1 YES AND Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. 1 Never Married XX Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced White 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRO (Specify only high Elementary/Secondary (0-12) Homemaker Own home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Frickhoeffer Gordon н. Steele Margaret BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 5709 Rossmore Drive, Bethesda, Maryland 20814 Walter A. Hall 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION -- City or Town, State Montgomery Crematorium, Inc. Bethesda, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home Bethesda-Chevy Chase Inc. 7557 Wisconsin Avenue, Bethesda, Maryland, 20814-3501 M00522 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition SEPTIC SHOCK 24 Hes resulting in death) DUE TO (OR AS A CONSEQUENCE OF): SEVERR LEUKOPENIA DAYLS equentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Days C HEMOTHERSPY CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): 3 mo's resulting in death) LAST UNG CANCER WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES XX NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 A inpetient 2 ER/Outpetient 3 DOA OTHER:
4 Nursing Home 6 Residence 6 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, facto building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CHITIFIER 29c. LICENSE NUMBER
D04766 29d. DATE SIGNED (Month, Day, Year) BE 9/24/90 MI osh 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10400 CONNECTION AN, KEPSINGOON, MD 20895 DANIEL ROSE/BLUM, MD 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE SEP 26 '90 ulia Davidson



transit permit. Pages 1, 2, 3 should

	ay.	Q.	
DALLINONE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	
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DIVISION OF VITAL RECORDS, F.C. BOX 13149,	NG P	fter t	eath
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	HOSP	FUNE	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		for 1 - STATE REGISTRAR Gladys Co	STATE OF N	MARYLAND Hetric	/ DEPAR	RTMENT O	F HE	ALTH DEAT	AND I	MENTAL	HYGIEN REG. NO.	E 90	2	7574
		1. DECEDENT'S NAME (First, Middle, Last)	CORDELI	11	tric	1				2. DATE O		lY	YEAR G D	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 211-18-0653	5. SEX 1  M 2  F	6. AGE (In yrs. II		IF UNDER 1 YE		IF UNDER	24 HRS. MIN.	7. DATE O (Month,	F BIRTH Day, Year) 6-192		a. BIRTHP Country	PLACE (State or Foreign
	OB	9a. FACILITY NAME (If not institution, give st Physicians Memoria	•	al		9ь. CITY, точ L а		LOCATION LOCATION				9c. COUN		ATH
	DIRECTOR	10a. STATE 10b. COUNTY Maryland Ct	narles		10c. CI	Waldo:	-	N					- 1	10d, INSIDE CITY LIMITS? 1 YES 2 X NO
- 1	FUNERAL	100. STREET AND NUMBER Lot 29 Twin Brook	Estates					2060				10g. CITIZ	USA	HAT COUNTRY?
	B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2XXNO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Mexican, Puerto R 1 YES 2XXNO Specify:						or No—		- American Indian, White, etc.			
	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondery (0-12)		) /	DECEDENT'S Give kind of to. Do NOT u	usual occul work done durin see retired.)	PATION g most	of worldr	ng	16b.	Home	SINESS/INDU	USTRY	
10	w II	17. FATHER'S NAME (First, Middle, Last) Leroy Filmer Klind	3					Grac	HER'S NA	ME (First, M ildre	iddle, Maiden d Shil	sumame) ngler		
notified	10 B	190. INFORMANT'S NAME (Type/Print) Wayne L. Hetrick		-1		ADDRESS (St. 29 TW11								20603
must be		20e. METHOD OF DISPOSITION  **X Burlel 2	oval from State	20b. PLAC officer Mary	e of biseo place) y Land	Veter	ans	Cer	nete		Che.	cation – d ltenh	am,	Md.
medical examiner must		22. NAME AND ADDRESS OF FACILITY HUNTT FUNEral Home - P. O. Box 156 Waldorf, Md. 20604-0156												
event, the medical		23. PART I. Enter the disease, or canock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. AA		ne.	2 Care				1	SCG fo		est,	Approximate interval Between Onset and Death
or other traumatic event, the	CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
shows any inju-	MEDICAL	PART II. Other significant condition	s contributing to	death but not	t resulting	in the under	riying	cause	given in	Part I.	24e. WAS AN PERFOR	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ED/Outpetlest	2 □ 004	OTHER:				neck only one				
	F	27. MANNER OF DEATH  1 Neturel 5 Pending	28e. DATE OF (Month, E	INJURY	28b. TH	JURY	c. INJUI	RY AT			CRIBE HOW I	NJURY OCC	CURED	
28 is	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	of INJURY — At atc. (Specify)	home, farm,	street, factory,	office				ATION (Street or Town, Stelle)		or Rural A	oute Number,
VT: If Item	COMPLET	CONNECTION ONLY	CIAN: To the best of e											end menner se stated.
IMPORTANT:	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Inc Co Der	ty ME	to the			29c. LIC	ENSE NU	MBER 48		29d. DATE	32	(Month, Day, Year)
	٩	30. NAME AND ADDRESS OF PERSON WH	6 Tarro	SE OF DEATH (IT	TEM 27) (7)0	a, Princ)	f	N	1 5	060			1	
		31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE						1				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-years after death. Page 6 may be retained by the hospital is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be flied within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ansit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

	FOR STATE REGISTRAR	STATE OF MAR		EPARTMEN TIFICAT				GIENE G. NO.	90	27575
	1. DECEDENT'S NAME (First, Middle, Last) CATHERINE	(NMN)	HARRIN	GION			2. OATE OF OE MONTH	ATH DAY 1990	YEAR	:00 PM M
	4. SOCIAL SECURITY NUMBER 212-09-4225	1 🗆 M 2 🔯 F	AGE (In yrs. leat birt	YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.		18,1897	Country)	ACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give a 3416 Lansdowne Consistence of decement							9c. county of DEATH Harford		
DIRECTOR	10s. STATE 10b. COUNT	erford Edgewood						0d. INSIDE CITY LIMITS? ☐ YES 2 🔀 NO		
FUNERAL	100. STREET AND NUMBER 3416 Lansdowne Co				ZIP COOE 21040		10g. CITIZ	USA.	AT COUNTRY?	
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	1	If yes, spe	ENDENT OF HISPAN city Cuben, Mexica NO Specify	n, Puerto Ricen,		14. RACE - Black, Specify: Whit	- Amarican Indian, White, atc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Give k	DENT'S USUAL tind of work don NOT use retired Cretar	ne during mo: 1.)	N It of working		of Business/INDO		
	17. FATHER'S NAME (First, Middle, Lest)  18. MOTH					16. MOTHER'S NA		Meiden Sumame) Sweene		
TO BE	19s. INFORMANT'S NAME (Type/Print)	Hare	19b. M			nd Number or Rural i	Route Number, City	or Town, State, Zip	Code)	10
	20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or control of the place)						20c. LOCATION — C			
	21. BIGNATURE OF FUNERAL SERVICE LI	Mc Com	as III	- H	Ioward		mas II	I Funera		
	23. PART I. Enter the disease, or ahock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. B/4 a	on each line.	CA.			h aa cerdlec o	r reaptratory arm	oat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST									
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	na contributing to de	nth but not reeu	uiting in the	underlyin	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 MO		WARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	neck only one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   EF	VOutpetient 3 🗆	DOA 4 1	IER: Nursing Hom	e 5 Residencs	6 Other (Spe	cHy)		
ВУ РН	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1	URY 2	8b. TIME OF INJURY M		URÝ AT RK? /ES 2 NO	28d. DE\$CRIBI	E HOW INJURY OCC	CURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN building, stc.	IJURY — At home, (Specify)	, farm, street,	factory, offic	•	26f. LOCATION City or Tow	(Street and Number n, State)	or Rural Ro	ute Number,
COMPLETED	(Orieck drilly	SICIAN: To the best of my NER: On the basis of sxam								and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIT	7.6	( , ,	Joan	Edwar	Jod LICENSE NU	MBER 0/2	29d. DATE	9/27	Month, Day, Year)
F	J. Kevin Li	inch. m	D. 6	060	Bou	Iton S	t B	e-l Air	MI	021014
	31. DATE FILED, (Month, Pay Year)	92. REGISTRAR'S	signature mandale	٤			,			

BALTIMORE, MARYLA

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by Images	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be similarly selected within 72 hours after death with the State Dent. of Health and Mental Hotelere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	A	PA C	=
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Henry I. Bur 31. DATE FILED (Month, Day, Year) SEP 27'90

Burke

	FOR 1 - STATE REGISTRAR	STATE OF MAR		TMENT OF HEALTH AND	MENTAL HYGIEN REG. NO	_	0 27576
	1. DECEDENT'S NAME (First, Middle, Last)  JAMES	L OUI	S HANCO	CK	2. DATE OF DEATH MONTH DO SEDTEMD		3. TIME OF DEATH 1990-9:05A
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. last birthday)	IF UNDER 1 YEAR  IF UNDER 24 HRS.	7. DATE OF BIRTN	8.1	BIRTHPLACE (State or Foreign
	219-16-0045	1 🖾 M 2 🗆 F	65 YRS.	MONTHS DAYS HOURS MIN.	April 19,	1925 N	Maryland
_	9e. FACILITY NAME (If not institution, give str			9b. CITY, TOWN OR LOCATION OF D	EATH	9c. COUNTY	OF DEATN
0	Physicians M	lemorial	Hospital	LaPlata		Cha	arles
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCATION			10d. INSIDE CITY
DIRECTOR	Maryland	Charles		Indian Head			1 YES 2 NO
FUNERAL	Rt. 2 Box 42 C			101. ZIP CODE 20640		Ţ	J.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Nidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade of		16e. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BU	SINESS/INDUST	TRY
ļ Į	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)			_
Ā	12		Shoe R	ebuilder	Shoe	Repair	- Owner
E COMPLETED	17. FATNER'S NAME (First, Middle, Last) Marvin Hancock				AME (First, Middle, Melden Evene Thomp		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural	Route Number, City or Tox	n, State, Zip Co	de)
5	Marjorie E. Hand	cock	Rt.	2 Box 42 C	Indian	Head, N	Md. 20640
	204 METHOD OF DISPOSITION	20b. PLACE OF DISPO	SITION (Name of cemetery, cremetory or	20c. LC	CATION — City	or Town, State	
1   X Burlel 2   Cremetton 3   Removal from State   Cother place)   Park Hill Cemetery   Marbury, M					Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF F Williams Fune	ACIUTY	Inc.	
	<b>•</b>						Head, Md.20640
	23. PART I. Enter the diseases, Dr c	and the later to the later					
				not entar tha moda of dying, su	ch as cardiac or reap	Iratory arrest	
	ahock, or haart fallure. I IMMEDIATE CAUSE (Final disease or condition			suatoy Fail	ch as cardlac or reap	Iratory arrest	Approximate Interval Between Onset and Dasth
	ahock, or heart failure. I	List only one cause of		suatory Fail	ch as cardiac or reap	Iratory arrest	Interval Between
Z	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR	on each line.  Lesy AS A CONSEQUENCE C	showoliou	ch as cardiac or reap	iratory arrest	Interval Between
TION	ahock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR	te Resy	showoliou	ch se cardlac or reap	iratory arrest	Interval Between
ICATION	immediate Cause (Final disease or condition resulting in desth)	DUE TO (OR	AS A CONSEQUENCE OF	showolous Lunale	ch se cardlac or reap	iratory arrest	Interval Between
TIFICATION	shock, or heart feilure. I	DUE TO (OR	on each line.  Lesy AS A CONSEQUENCE C	showolous Lunale	ch se cardlac or reap	iratory arrest	Interval Between
CERTIFICATION	shock, or heart feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE OF	showolous Lunale	ch se cardiac or reap	iratory arrest	Interval Between
AL CERTIFICATION	shock, or heart feilure. I	DUE TO (OR	AS A CONSEQUENCE OF	shosolow humale	n Part I. 24a, WAS AF	A AUTOPSY	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS
	shock, or heart feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	shosolow humale	<u> </u>	N AUTOPSY RMED?	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
	shock, or heart feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	shosolow humale	n Part I. 24a, WAS AF	N AUTOPSY RMED?	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	shock, or heart feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF	shosolow humale	n Part I. 24a, WAS AF	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR	AS A CONSEQUENCE OF	Suatoy Farl Shorolow File Shorolow File File In the underlying cause given in 28. PLACE OF DEATH (C	n Part I. 24a. WAS AF PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	shock, or heart feilure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condition	DUE TO (OR	AS A CONSEQUENCE OF AS A C	suatory Farl phospology phospolog	n Part I. 24a. WAS AP PERFO 1 YES	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	ahock, or heart failure. In IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (OR	AS A CONSEQUENCE C	28. PLACE OF DEATH (COTHER:  4   Nursing Nome 6   Residence  E OF   28c. INJURY AT	n Part I. 24a. WAS AP PERFO 1 YES	N AUTOPSY RMED? 2  NO	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending	DUE TO (OR	AS A CONSEQUENCE C	in the underlying cause given in  28. PLACE OF DEATH (COTMER:  4   Nursing Nome 6   Residence	n Part I. 24a. WAS AP PERFO 1 YES	N AUTOPSY RMED? 2  NO	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural	DUE TO (OR	AS A CONSEQUENCE OF AS A C	28. PLACE OF DEATH (COTHER: 4   Nursing Nome 6   Residence AURY MORK? JURY M   1   YES 2   NO	n Part I. 24a. WAS AP PERFO 1 YES	N AUTOPSY RMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, If any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR	AS A CONSEQUENCE C  AS A C	28. PLACE OF DEATH (COTHER: 4   Nursing Nome 6   Residence AE OF JURY M   1   YES 2   NO street, factory, office	Pert I. 24a. WAS AP PERFO 1 YES  Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State	N AUTOPSY RMED? 2 IN NO	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR	AS A CONSEQUENCE C  AS A C	28. PLACE OF DEATH (COTHER: 4   Nursing Nome 6   Residence AURY MORK? JURY M   1   YES 2   NO	Pert I. 24a. WAS AP PERFO 1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State us to the ceuse(e) end ma	NAUTOPSY RMED? 2  NO INJURY OCCUP and Number or )	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initisted evants resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR	AS A CONSEQUENCE C  AS A C	28. PLACE OF DEATH (COTHER:  A   Nursing Nome 6   Residence  #E OF   28c. INJURY AT   WORK?  M   28c. INJURY AT   YES 2   NO  street, factory, office	n Part I. 24a. WAS AI PERFO 1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)  us to the cause(e) and make time, date and place, e	NAUTOPSY RMED? 2 NO INJURY OCCUP and Number or ) Inner se stated, and due to the c	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  Rural Route Number,
ED BY PHYSICIAN: MEDICAL	ahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR	AS A CONSEQUENCE C  AS A C	Tall  The state of	Part I. 24a. WAS AI PERFO 1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)  use to the ceuse(e) end make time, date and place, e	NAUTOPSY RMED? 2 NO INJURY OCCUP and Number or ) Inner se stated, and due to the c	Interval Between Onset and Dasth  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

Box 591-115 Lagrange Ave. LaPlata
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randell

*	BALTIMORE, MARY MARY 203-3146	10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained from the attending physician.  10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should in order the burial-transit permit, Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  MPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained of fine recently as a second of the

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)		. 1	2. DATE OF OEATH	VF45	3. TIME OF CEATH		
	Clinton J.		Harmon	September		0640 M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. 9IR	THPLACE (State or Foreign		
	218-14-2451 10M20F	YRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Ybar) 5-15-191		ntry)		
	9a. FACILITY NAME (If not institution, give street and number)	10	9b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	nn.		
œ			· ·	EAIH				
0	Peninsula General Hospital		Salisbury, MD		Wicon	1100		
ပ	10a. STATE 10b. COUNTY	10c. CIT	, TOWN OR LOCATION			10d, INSIDE CITY		
DIRECTOR						LIMITS?		
	Maryland Wicomico  100, STREET AND NUMBER	ISal	isbury			WHAT COUNTRY?		
₹ I			10f. ZIP CODE					
ij	401 F Trintty Dr.		2180_1		U.S.			
FUNERAL	POROCES 4	EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico		or No- 14. RA	CE — American Indian, ick, Whits, etc.		
BY	1 Never Married 2 Married IF YES, GIVE W		1 YES 2 NO Specif		100	activ:		
	3 Widowed 4 Divorced					Black		
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF BUS	SINESS/INDUSTRY			
m.	Elementary/Secondary (0-12) College (1-4 or 5+	He Do MOT us	e retired.)					
립	12	Labor	en	None				
O	17. FATHER'S NAME (First, Middle, Last)	THAT DAY I		ME (First, Middle, Malden	Surname)			
	Tland Hamman		Minnie	. Wilson				
BE	T, lovd Harmon  19s. INFORMANT'S NAME (Type/Print)	195 MAII ING	ADDRESS (Street and Number or Rural		n State 7in Code)			
2			and the second s			20000		
	Pearl Harmon		Box821 Robins					
	20a. METHOD OF DISPOSITION  1 W Burlai 2 Cremation 3 Removal from State	20b. PLACE OF DISPOS other place)	SETION (Name of cemetery, cremetory or		CATION — City or			
	4 Donation 5 Other (Specify)	Head th	e Creek		d the	Creek Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME AND ADDRESS OF FA	CILITY	821 We	st Rd.		
	> HO a day B &	L +		~ .	0.3.	747 04004		
_	receips B. ac	awww	Clinton F.					
	23. PART i. Enter the diseases, or complications the shock, or heart failure. List only one cau		lot enter the mode of dying, suc	n es cardiac or respi	iratory arrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Final	V	0			Onset and Death		
	disease or condition resulting in death)	esporto	y tarture	The state of the s				
	DUE TO	(OR AS A CONSEQUENCE O	H:) ,					
7	Restricture of Obstructure							
0	Sequentially list conditions, If any, leeding to immediate	(OR AS A CONSEQUENCE OF						
Ä	cause. Enter UNDERLYING		Jung Bus	lost				
F	CAUSE (Disease or injury that initiated events	(OR AS A CONSEQUENCE O	F):					
E	resulting in death) LAST							
CERTIFICATION	a							
	PART II. Other significant conditions contributing to	death but not resulting	in the underlying cause given in	Part i. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO		
EDICAL				1 _ YES 2		COMPLETION OF CAUSE OF DEATH?		
						1 YES 2 NO		
Σ						1 120 2 110		
PHYSICIAN:	or the case accepted to hepical		AA DI AAC OF DESTIL (O					
ਹ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPJTÁL:		26. PLACE OF DEATH (C	neck only one)				
XS		ER/Outpatient 3 DOA	4 ☐ Nursing Home 5 ☐ Residence	· · · · · · · · · · · · · · · · · · ·				
H	27. MANNER OF DEATH 28s. DATE OF (Month, D		E OF 28c. INJURY AT WORK?	28d. OESCRIBE HOW	INJURY OCCURED			
ΒY	1 Netural 5 Pending 2 Accident Investigation	110	M 1 YES 2 NO					
	3 Suicide 28a. PLACE O	F INJURY — At home, farm, etc. (Specify)	street, factory, office	28f. LOCATION (Street City or Town, State,		al Route Number,		
Ē	4 Homicide determined	wice (opocny)		City or lown, State,	,			
W	29a. CERTIFIER							
COMPLETED	(Check only							
Ö	2 MEDICAL EXAMINER: On the basis of s	xamination and/or investigation	on, in my opinion, death occured at the	e time, dats and placs, si	na dus to the caus	e(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)		
BE	(36/4/10		D2044	4/	SEDI	1. 22.199n		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	SE OF DEATH (ITEM 27) (Type	, Print)			77111.10		
	J. L. RAFFETT	-	674					
-	31. DATE FILED (Mapth; Day 16dr) 32. RESISTRA	Paulson-Randa	22_					
1	JULY L. J. JULY J.	And the 1000 the						

TEST

	1 - STATE REGISTRAR	SIAIL OF	CE		ICATE				RE	G. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)		2					]	2. DATE OF DE	EATH DA		YEAR	3. TII	ME OF DEATI	н
	300.000		Flossi	e Er	ma Hud	lson			9	24		90	1:	08	РМ
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)		_	IF UNDER 24	HRS.	7. DATE OF BIS (Month, Day,	RTN Veer)		8. BIRTN Countr	(PLACE	E (State or For	reign
	213-42-0633	1 🗆 M 2 💢 F	88	YRS.	MONTHS D	AYS	HOURS	MIN.	Sept. 2		901	De1		re	
	9a. FACILITY NAME (If not institution, give				9b. CITY, TO	OWN OR	LOCATION	OF DE	ATN		9c. COU	INTY OF D	EATN		
OR	Berlin Nursing Ho	ome			Ber1i	in					Wor	cest	er		
5	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TY		10c. CI	ry, town or i	LOCATIO	DN .						10d.	INSIDE CITY	
DIRECTOR	Delaware Susse				byvi11								1	YES 2	
	10e, STREET AND NUMBER				-		ZIP CODE				10g. CIT	IZEN OF V		COUNTRY?	
RA	Rt.1 Box 177A					19	975				US				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	MED	13. WA	S DECEN	NDENT OF	NISPAN	IC ORIGIN? (Spe	ecify Yes		14, RACI	E — An	nerican India	in,
BY FI	1 Never Merried 2 Merried FORCES? 1 YES 2 TF YES, GIVE WAR DR DATES			Ю				Maxicar Specify	n, Puerto Ricen,	atc.)		Spec Whi		a, atc.	
	15. DECEDENT'S ED (Specify only highest grad		16a. DE	CEDENT'S	S USUAL OCCI	JPATION	of working		16b. KIND	OF BU	BINESS/IN	DUSTRY			
Ē	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	Do NOT I	use retired.)	ing most	or working								
MP	8		Hom	emak	er				Own				_		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					- 1			ME (First, Middle,		Sumame)				
BE	Archie Gilbert Ly	nch				_		_	Donaway						
7	19a. INFORMANT'S NAME (Typo/Print) Dorothy A. Warrer	ı							in, MD		n, State, Zi .811	(p Code)			
	20a METNOD OF DISPOSITION 1 \( \Delta \) Burial 2 \( \Delta \) Cremation 3 \( \Delta \) Re	moval from State	other of	lene	SITION (Name			itory or				- City or To			
	4 Donation 5 Other (Specify) Bishopville Cemetery Bishopville, Man								ırylan	ıd					
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	1						neral H	Home					
	Vigeles 1	1). Hu	Min.						DE 19						
	23. PART I. Enter the diseeses, or							_				rrest,	-	Approxima	
	shock, or heart failure IMMEDIATE CAUSE (Finel	. List only one ca	luse on each line										j	Interval Be Onset and	
	disease or condition resulting in desth)  a. Cerebralvascular Accident									3 da	ys				
	Tooling III doorly	DUE TO	O (OR AS A CONSE	DUENCE	DF):										
Z	Sequentially list conditions,  Due to (or as a consequence of):														
AT.	if any, leading to immediate cause. Enter UNDERLYING			DUENCE	OF):								Ì		
2	CAUSE (Disease or Injury	c. Aspir	OFF AS A CONSE	DUENCE	OF):								-		
Ē	that initiated events resulting in death) LAST		,										ļ		
CERTIFICATION		d													
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	ona contributing t	o death but not i	resulting	in the unde	eriying	ceuse gi	iven in	Part I. 24a.	PERFO	AUTOPSY	241	AWAII	E AUTOPSY FI LABLE PRIOR	TO
Dic									1□	YE\$	2   NO			PLETION DF ( EATH?	CAUSE
ME									_			- 1	1 🗌	YES 2	NO
ż															
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLA	CE DF DE	ATN (Ch	eck only one)						
YSI	1 TYES 2 NO		☐ ER/Outpatient 3	_	42 Nursin			eldence	6 Other (Spi	_		0011050			_
ВУ РН	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation		Day, Year)	28b. Ti	NJURY M	6c. INJU WOR 1   YI		ND	28d. DESCRIB	SE NOW	INJURY O	CCUHED			
	3 Suicide 6 Could not b	28a. PLACE building	OF INJURY — At he g, etc. (Specify)	ome, farm	, street, factor	y, office			28f. LOCATION City or Tox			er or Rural	Route	Number,	
	29a. CERTIFIER 1 X CERTIFYING PNY	/SICIAN: To the heat	of my knowledge, de	eth occu	med at the tim	o dete s	and place	and due	to the cause(s)	and me	nnez an el	Interl			_
COMPLETED	(Check only one) 2 MEDICAL EXAMI												(a) and	menner as s	stated.
ш	29b. SIGNATURE AND TITLE OF CERTIF	IER	7				29c. LICE	NSE NUI	MBER		1			th, Day, Year)	
TO B	100						D 0	202	26		9	1241	/90	)	
F	Federico G.			M 27) (7y		D .	0.11	+	B a = 1	i	MD	2	181	1	
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE		11 3	י ס	ay S	,	Berl	. II ;	riD		101	1	
	SEP 2.6 '90		David Kuni	0,	0/3										
	II JEF CO JU	1000	JYJUUNI JYYV	THATCHE											

BALTIMORE, MARYLAND'2 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hins TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

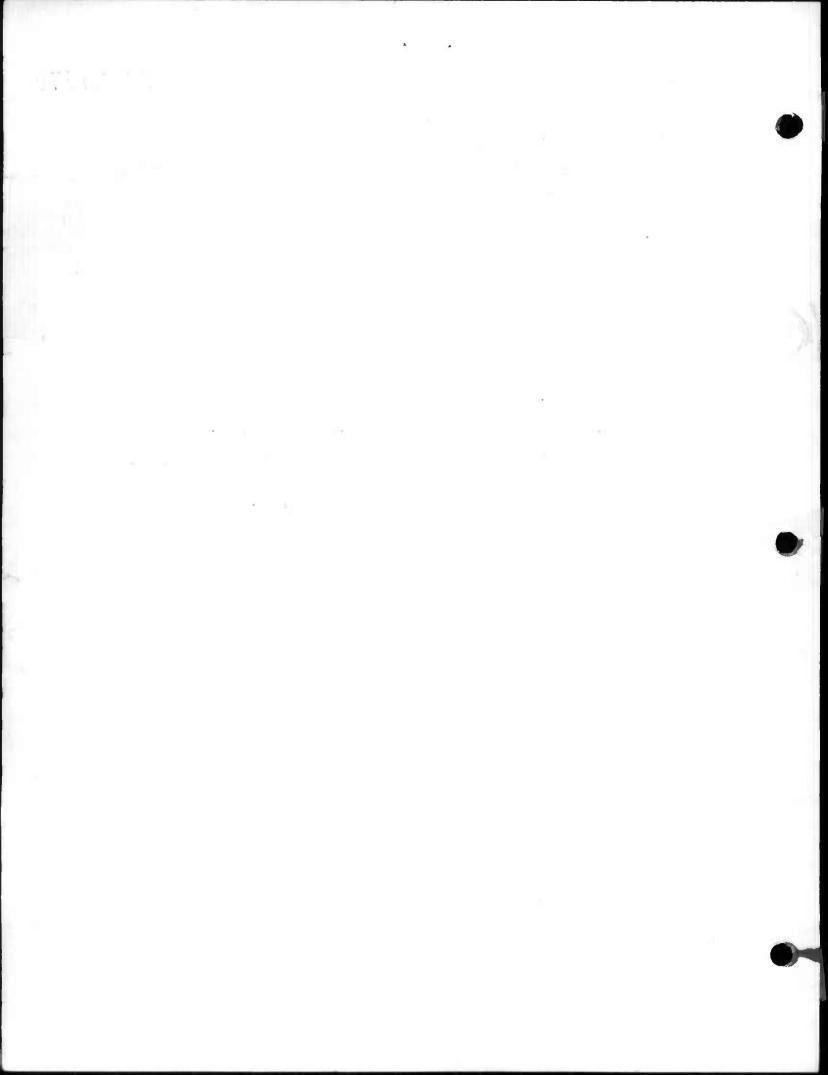
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

hat-transit permit. Pages 1, 2, 3 should

DNMH-16 Rev 1/89

BALTIMORE, MARYLAND ZIZO 3 NE	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the houself or the houself or the burner of the burner of the house after this certificate has been signed by the attending physician and completely filled in by the hueral director, page 5 should be established for the burnal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  ANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitate. The law requires that been signed by the attending physician and completely filled in by the kneral director, page 5 should be extracted for the burnal-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND		HYGIENE REG. NO.	)	0 2/5/9	
1	1. DECEDENT'S NAME (First, Middle, Lest)	RESHEMA	RENAY HAR	MON	2. DATE OF MONTH SEPTEI	DAW	YEAR 199	3. TIME OF DEATH 0 3:35 a.m. M	
	4. SOCIAL SECURITY NUMBER 2 / 8 - 2 7 -4043			NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF (Month, D JANUA	BIRTH	8. BIR Cou	THPLACE (State or Foreign ntry) SALISBURY	
OR	90. FACILITY NAME (If not institution, give st JOHNS HOPKINS H	neet and number) OSPITAL		CITY, TOWN OR LOCATION OF CALTIMORE CITY					
DIRECTOR		TE 10b. COUNTY 10c. CIT					10d. INSIDE CITY LIMITS? 1  YES 2 NO		
FUNERAL	100. STREET AND NUMBER	UKE DRIVE		101. ZIP CODE 21801		10g	10g. CITIZEN OF WHAT COUNTRY?		
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic  1  YES 2 NO Spec	en, Puerto Rica	lo— 14. RA Bis	14. RACE — American Indien, Black, White, etc.  Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use retir	lone during most of working	16b. Ki	ND OF BUSINES	SS/INDUSTRY	,	
	NONE  17. FATHER'S NAME (First, Middle, Last)  CEORCE	H. HARMON	NONE	18. MOTHER'S N		NONE die, Meiden Surru NYA NI		PARKER	
TO BE	190. INFORMANT'S NAME (Type/Print)  GEORGE H. HAR			RESS (Street and Number or Rura AN RD., SALIS	f Route Number,	City or Town, Sta	ntn, Zip Code)	TANKEN	
	20s. METHOD OF DISPOSITION    Documentary   Document   Document						Town, State Ke, Hd,		
	21. SIONATURE OPFUNERAL SERVICE LIC	S. Jolley		22. NAME AND ADDRESS OF I JOLLEY MEM SALISBURY,	ORIAL		RTE.	2, BOX 920	
		List only one cause on as	ich line.					Approximate interval Between Onset and Death	
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	CONSEQUENCE OF):	ile in mother comultiple	etra	ima		6 hours	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF):						
MEDICAL CE	PART II. Other algoliticent condition	a contributing to deeth be	ut not reaulting in th	e underlying cause given		4a. WAS AN AUTO PERFORMED	27	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 🗆 YES 2 💢 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 💢 YES 2 □ NO	HOSPITAL: 1 ☐ Inpetient 2 € ER/Outp	07	28. PLACE OF DEATH (					
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Naccident Investigation	280. DATE OF INJURY (Month, Day, Year) 9/2/90	26b. TIME OF INJURY	WORK?	_		BY COURED	while in mother's	
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	(VIII)		281. LOCAT	ION (Street and I Town, State)			
COMPLETED	(Crieck Drilly			the time, date end place, end d my opinion, death occured at t				se(e) and manner se stated.	
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIE	Co.mi		29c. LICENSE N	095	29	d. DATE SIGN	NED (Mgrith, Day, Ybar)	
21	30. NAME AND ADDRESS OF PERSON WITH RADECULO, N	10 COMPLETED CAUSE OF OE.  10 JAN JOHN  32. BEGISTBAR'S SIGN.	s Hopkins H		wolfe S	t. Bal	timore	2,MO 21205	
7	SEP 26 90"	ina Davilson	-Randolle	-	*				



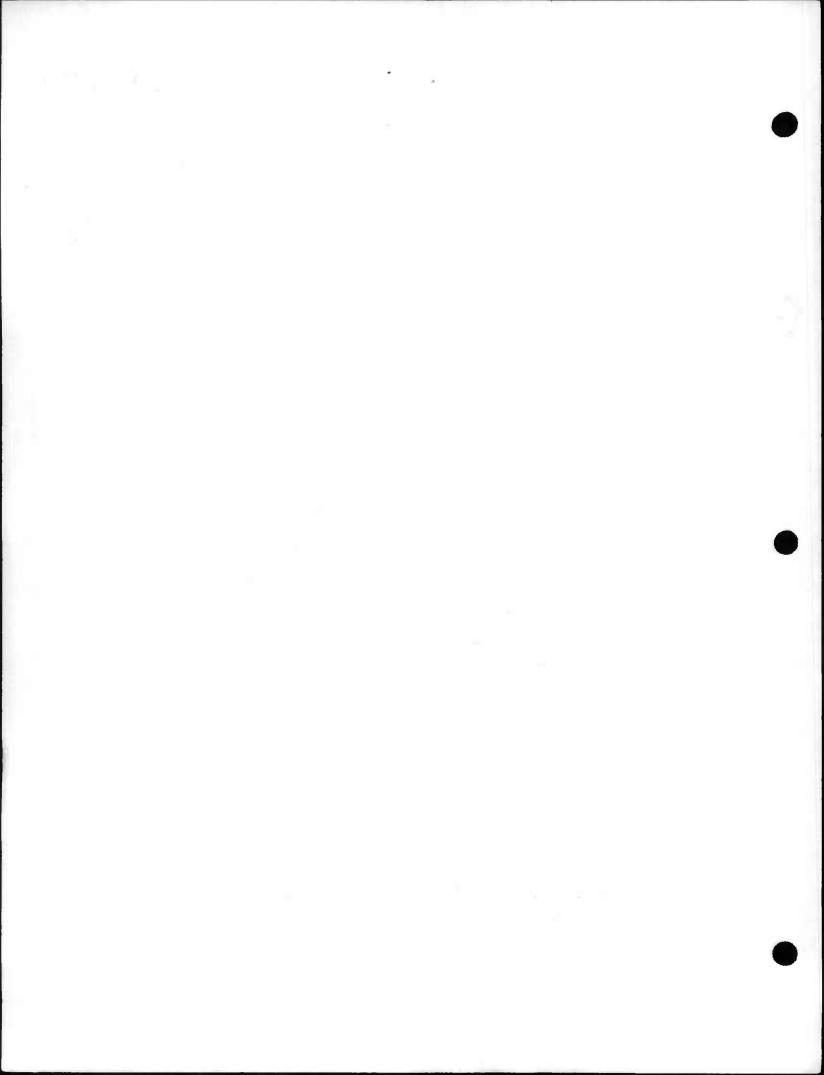
BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

		1 - STATE REGISTRAR	SIAIE UF N					DEAT		IEN IAL HYGIEN REG. NO.	£ =		27000				
		1. OECEDENT'S NAME (First, Middle, Last)								2. OATE OF OEATH MONTH DA	NY	YEAR 3	. TIME OF DEATH				
			ward Hi							September	23,19	90	12:08 A M				
_		4. SOCIAL SECURITY NUMBER 213 16 8764	5. SEX Male 1 ፟ M 2 ☐ F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF BIRTH (Mount Day, Year) 1 5, 1	916	Mary	ACE (State or Foreign yland				
3 should	8	Se. FACILITY NAME (If not institution, give str Kent and Queen	,	snital	Inc			RLOCATIO		ATH	se. count		тн				
1, 2,	210	RESIDENCE OF DECEDENT	Milles Me	opicar,													
permit. Pages 1, 2, 3 should	DIRECTOR	Maryland Kent				ck H		ION					LIMITS?				
mill permi	FUNERAL	P.O. Box # 355	-				101.	ZIP CODE 2166			USA		AT COUNTRY?				
3	ВУ	11. MARITAL STATUS Married 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2XX				cify Cuban		C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No-	VEAR  990  12:08  8. BIRTHPLACE (State or F. Cyprity) Maryland  NITY OF DEATH  11. Ind. INSIDE CIT.  11. Ind. INSIDE CIT.  12. Ind. Ind. Ind.  13. TIME OF DEATH  14. RACE - American Ind.  15. Black, Whita, etc.  Specify: White  DUSTRY  16. A  17. Approximinterval E  Onset an  17. Md.  18. Approximinterval E  Onset an  19. City or Town, State  11. Md.  19. City or Town, State  11. Md.  19. Code)  10. City or Town, State  11. Md.  11. Md.  12. Code)  13. City or Town, State  14. Roy or Town, State  19. Code)  19.	White, etc.				
spital e	PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 7 (Seven)	ATION completed) College (1-4 or 5 :	(G	cedent's	work done se retired.)	CCUPATIO during mos	N st of working	,	(Owner		STRY					
by the hospital be detached for at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last)	erman C.	Hill						Rebecca Do							
be retained ge 5 should e notified	TO B	19a. INFORMANT'S NAME (Type/Print) Herman E. Hill (	Jr)					. 216		oute Number, City or Tow Rte # 2			A				
e 6 may be ector, page must be		20a. METHOD OF OISPOSITION B1 1 General Burlei 2 Cremation 3 Remo	irial	20b. PLACE other pl Wesle	ace)				-								
death. Pag funeral dir examiner		21. SIGN TUNE OF FUNERAL SERVICE LICE	is W	0001			J. Willis Wells Chestertown, Md.										
nted within 25 hours after completely filled in by the rial, cremation, or removal c event, the medical		23. PART 1. Enter the diseases, or conhock, or heart failure. If IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	list only one cau		200	'n	lo	de of dyli	fa	e cerdlec or reap	ratory arre						
ie death certificate be executed vomithe attending physician and comit Mental Hygiene prior to burial, ciljury, or other traumatic evy	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE O	Te	Sul	peri SC	M	eums. uilear D	pal	sy	yean				
# 50 m	CAL	PART II. Other eignificent conditions	contributing to	deeth but not	resulting	in the u	nderlying	ceuse g	iven in	Part I. 24s. WAS AN PERFOI	RMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE				
he law requires that has been signed to e Dept. of Health ar m 23 shows any	MED												F DEATH?				
PHYSICIAN: The this certificate has with the State De or Neth 2 or Neth 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:	☐ ER/Outpatient :	B 🗆 DOA	OTHE	R:			ck only one)  6  Other (Specify)							
NG PHYSIC frer this cer eath with th marked, o	BY PH	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, L		28b. TIII	JURY M		URY AT PRK? res 2	) NO	28d. OEŞCRIBE HOW	INJURY OCC	UREO					
TTENDI TOR: A after d		3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE 0 building	OF INJURY — At he, atc. (Specify)	ome, ferm,	atreet, fac	tory, offic			281. LOCATION (Street City or Town, State		or Rural Roo	rte Number,				
Z ZZ =	COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE								to the cause(s) and ma time, data and place, as			and menner as stated.				
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	BE	296. BIGNATURE AND TIFLE OF CENTIFIES	. 1	Mass	M	D		29c, LICE	NSE NUM	00 /		SIGNED (	Month, Day, Year)				
	TO	30. NAME AND AODAESS OF PERSON WHO	(# D-100				, Md	216	20								
		31 DATE FILED (Month Day Year)	12 REGISTR	AR'S SIGNATURE													

Julia Savidson-Randall

SEP 26 90



	FOR 1 - STATE REGISTRAR	STATE OF N		DEPAR ERTIF					IENTAL HYG				
· ·	1. DECEDENT'S NAME (First, Middle, La	st)		, ,	4.1	A . N			2. DATE OF DEA			3.	TIME OF DEATH
,	AVERY	WILLIAM		,	HA	LL			MONTH	11	. 9	VEAR	0530 "
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	BARRA	7. DATE OF BIRT (Month, Day, Ye	ur)	- 1	8. BIRTHPL Country)	ACE (State or Foreign
	220-12-1052	1 🔀 M 2 🗌 F	91	YRS.	MONTHS	UMTS	noons	MINT.	MAY 11,	189	99 ]	MARYI	LAND
	9a. FACILITY NAME (If not institution, gi	·						ON OF DEA	ATH	9		TY OF DEAT	
OR	Peninsula Genera		1		Sa	lisb	ury				WI	comi	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COU			10c. CIT	Y, TOWN (	OR LOCAT	ION					10	Od, INSIDE CITY
<u>E</u>	MARYLAND	WICOMICO				LISB						1	LIMITS?
	10e. STREET AND NUMBER	WICOMITOO			011		ZIP CODE	E		10	0g. CITIZI		AT COUNTRY?
FUNERAL	TONY TANK LANE	,					2	1801				US	
N I	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	IMED	13.	WAS DEC			IC ORIGIN? (Speci	fy Yea or	No- 1	14. RACE -	- American Indian.
H	1 Never Merried 2 Married	FORCES? 1 IF YES, GIVE V	YES 2 X	Ю				n, Maxican Specify:	, Puerto Rican, et	c.)		Black, V Specify:	Vhite, etc.
ВҰ	3 Widowed 4 Divorced					A	фолу				WHI	TE	
COMPLETED	15. DECEDENT'S E (Specify only highest gi	DUCATION rade completed)	16a. DE	CEDENT'S live Idnd of Do NOT u	USUAL O	CCUPATIO	N st of workin	na .	16b. KIND O	F BUSINI	ESS/INDU	ISTRY	
9	Elementary/Secondary (0-12)	) ilio											
MP		OWNE	ER /	PRES						OMPAN	Y		
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, M		- 6		
BE		unk)	HALL					LLA	PEAR			ILKIN	S
2	19a. INFORMANT'S NAME (Type/Print)								loute Number, City				
	VIRGINIA KORFF-		TOR 20b. PLACE						ALISBUR			2 180 1 Sty or Town	
	20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 F	lamoval from State	wicol	MTCA	MEMO	NDTAI	то и То	nutory or				RY, M	
	4 Donation 5 Other (Specify) _ In. SIGNATURE OF PUNERAL SERVICE	AICENSEE /	NICO	1100				SS OF FAC		OALI	. 3001	11, 11	21001
	HOLLOWAY FUNERAL HOME, PA												
	KU BEGO	red total	weel	ee.									21801
z	23. PART I. Enter the diseases, or complications that caused the death. To not enter the mode of dying, such as cardiac or respiratory arrest, abook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due To (or As A CONSEQUENCE OF):  Sequentially list conditions.												
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CAL	PART II. Other aignificent condi	tions contributing to	death but not	resuiting	in the U	nderlyin	cause :	given in I		ert i. 24a. WAS AN AUTOPSY PERFORMED?			VERE AUTOPSY FINDINGS
	Chronic C	ungestive	· Fach	ike						ES 2			OMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED		\											YES 2 NO
5													
X	25. WAS CASE REFERRED TO MEDICA					_	ACE OF D	EATH (Che	ock only one)				
Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	4 Nu		6 5 🗆 R	esidenca	8 Other (Specif	y)			
	27. MANNER OF DEATH	28a. DATE OF		28b. TH	ME OF		URY AT		28d. DESCRIBE	ILNI WOH	URY OCC	URED	
BY	1 Matural 5 Pending 2 Accident Investigati		,,,,,,,,,,,		М	1 🗆		□ NO					
ED E	3 Suicide 8 Could not	be building	OF INJURY — At he etc. (Specify)	ome, farm,	street, fac	tory, offic	•		28f. LOCATION (		Number (	or Rural Rou	ite Number,
	4 Homicide determine	d											
COMPLET	Coneck only	HYSICIAN: To the best of a											and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERT	Zuelsele					29c, LIC	U3	599	2	Ped. DATE	SIGNED (A	Month, Day, Year)
F	JOHN T. BULKEL	EY, MD., S.	SALISBU	RY BI	e, Print) LVD 8	PI	IE BL	UFF	RD, SAL	ISBU	IRY,	MD 2	1801
12	SEP 1 9 90	32. REGISTR	AR'S SIGNATURE	Pandel	2								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the function of BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

burtal-transit permit. Pages 1, 2, 3 should

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	SIMIE UF I				F DEATH		REG. NO.	5		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		5775	3. TIME OF DEATH
	ESTHER	PAULI	NE	HOL	LOWAY		MONTH 9	16		90	11:35 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR		7. DATE OF (Month, De	BIRTH			PLACE (State or Foreign
	214-32-0517	1 🗆 M 2 💢 F	83	YRS.	MONTHS DAYS	HOURS MIN.	SEPT.	7,1	907		YLAND
	9a, FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWI	N OR LOCATION OF DE	EATH		9c. COL	JNTY OF D	EATH
8 B	SALISBURY NURSING	HOME			SALTS	BURY, MS.			WI	COMTO	n
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT			10a CI7	Y, TOWN OR LO						10d. INSIDE CITY
<u>E</u>		WICOMICO		100. 011	SALIS						LIMITS?
	10e. STREET AND NUMBER	110011100				101. ZIP CODE			10a. CI	TIZEN OF V	1 YES 2XXNO
FUNERAL	1300 WOODLAND R	ΩΔΠ				2 180	1				SA
<u> ۲</u>	11. MARITAL STATUS		IT EVER IN U.S. ARM	4ED	13. WAS D	ECENDENT OF HISPAI		Specify Yea	or No-	14. RACE	- American Indian.
B	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES?	YES 2XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	D		specify Cuben, Mexica ES 2 NO Specif	an, Puarto Rican, etc.)			Speci	white, etc.  WHITE
입	15. DECEDENT'S EDU (Specify only highest grade		18a. DEC	EDENT'S	USUAL OCCUPA	TION most of working	18b. Kii	ND OF BUS	INESS/IN	DUSTRY	
ᇦ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)						
<u>F</u>	11 YEARS	NO	SEC	RETA	RY/TREA	SURER	FU	INERA	L HO	ME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA					
BE		LLIAM	JON			CARRIE		ILLI		FAR	LOW
2	19a. INFORMANT'S NAME (Type/Print)	TIAN CD C				et and Number or Rural		-			
	W. RICHARD HOLLO	19/90				D RD, SAL	130001			- City or To	uum Charles
	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Topp	TOMEMENT	WICON			AL PARK				RY, I	
	21. SIGNATURE OF FUNERAL SERVICE LI		1			AND ADDRESS OF FA	CILITY				
	· Arton	Llock	buren	1_				-		, MD	21001
	23. PARD I. Enter the diseases, or	complications the	et coupel the Asi	uth Do		SNOW HILL		_			Approximate
	shock, or heart failure.				not onto: the	/	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	о от тоорт			interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Can	to and	1	R	unt					Chast and Death
	reaulting in death)	BUE TO	OR AS A CONSEQ	YENCE (	Fli)						1
z		Corn	m a	tur	Pine	ne					[
2	Sequentielly list conditions, If any, leading to immediate	DUE TO	JOH AS A CONSEQ	UENCE C	m:						
3	cause, Enter UNDERLYING CAUSE (Disease or Injury	£	T-1		_						
	that initiated eventa resulting in deeth) LAST	DUE TO	OR AS A CONSEC	UENCE (	F):						i
CERTIFICATION	Conting in death, East	d									
	PART II. Other aignificant condition	ns contributing to	deeth but not re	suiting	in the underly	ying cause given in	Part i. 24	la. WAS AN		Y 248	AMILABLE PRIOR TO
MEDICAL	Combine au	y them	Kath	180	-6 ()N	Some		YES 1			COMPLETION OF CAUSE OF DEATH?
Ä	Ossertia	8	0								1   YES 2   NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER;	PLACE OF OEATH (C	heck only one)				
YSI	1 U YES 1 HO	1 Inpatient 2	☐ ER/Outpetient 3		Ryraing I	tome 5 - Residence					
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	INJURY AT WORK?	28d. DESCR	IBE HOW I	NJURY O	CCUREO	
В	2 Accident Investigation		OF INJURY — At ho	ma farm	"" "	YES 2 NO	284 LOCATI	ION /Stmat	and Numb	ner or Owni	Route Number,
ED	3 Suicide 8 Could not be 4 Homicide determined	building	, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	street, factory, c	ATTICE STATE OF THE STATE OF TH	City or	Town, State)	)	AN OF HOVE	node Nonoe,
COMPLETED	29e. CERTIFIER										
MP	(Crieck only	-				date and place, and du					s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		/		, , , , ,						
BE	TE OF CERTIFIE	1/	nn			29c. LICENSE NU	191)		290. 0	9/1	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF OEATH (ITE	VI 27) (Typ	e, Print)	10/0	1		, 1	1,	1/10
	Eddie Vila	2 guez	MO	5,	listo	my Mac	lande	215	Ali-	shup	Y,MD
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Salia Taviston Banduse

BALTIMORE, MARYLAND 21203 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

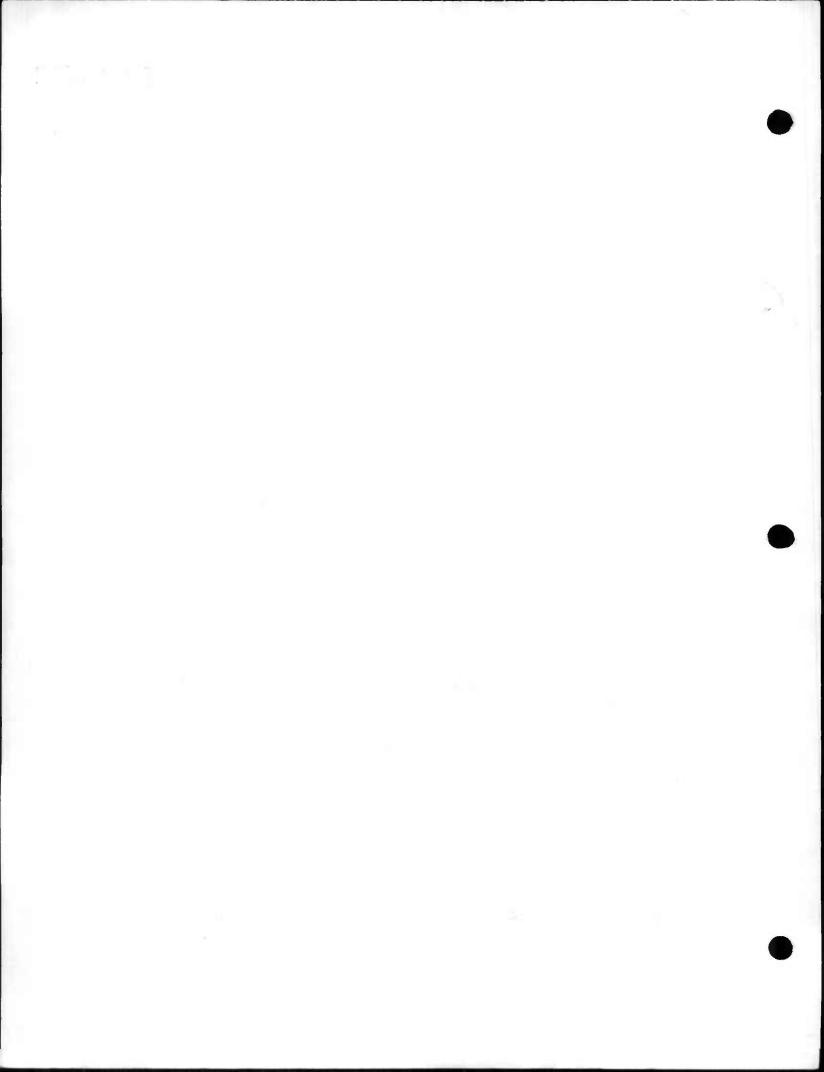
all permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mounts after death. Page 6 may be retained by the hospital or into the FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

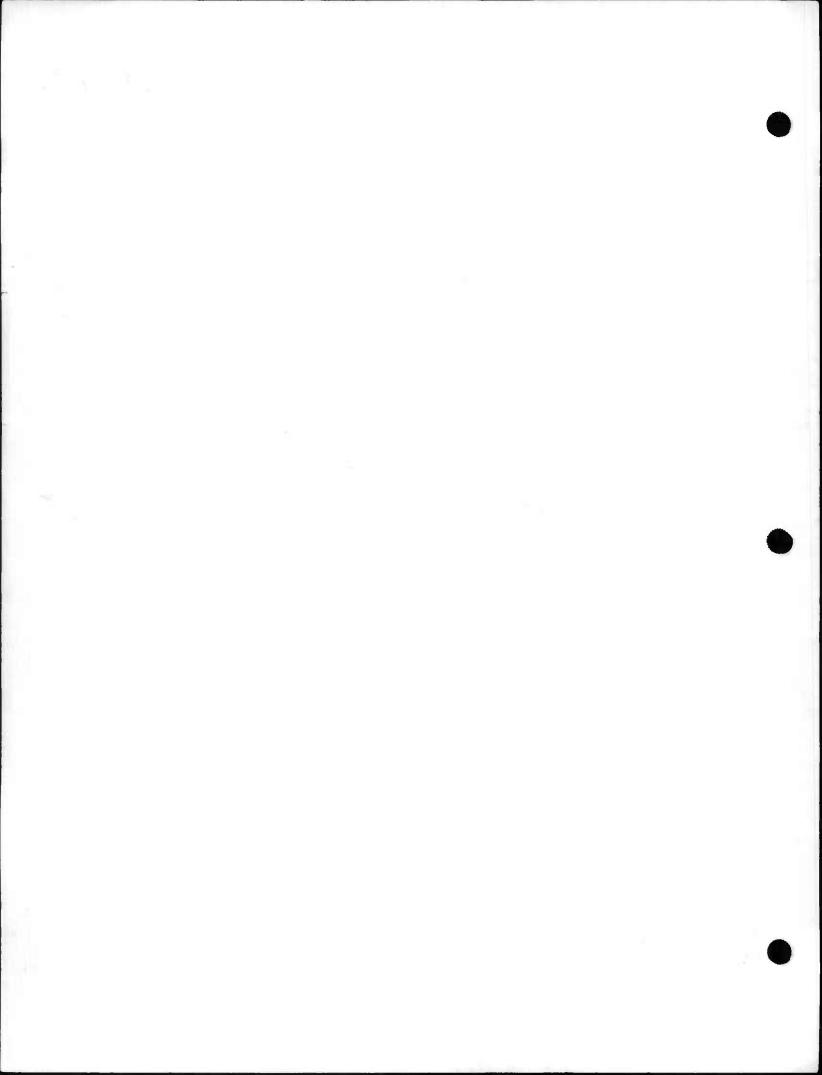
IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89



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HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	ed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	person: Hism 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		RTMENT OF I		MENTAL HYGII	TIAL	30 27583				
	1. DECEDENT'S NAME (First, Middle, Last) Rals				enry	2. DATE OF DEATH		3. TIME OF DEATH 12:30PM M				
2)	4. SOCIAL SECURITY NUMBER 2 17-78-5363	5. SEX 6. AGE (In yrs. les 1 M 2 F	t birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.		1978	BIRTHPLACE (State or Foreign Country)				
H _O	9a. FACILITY NAME (If not institution, give st Peninsula Genera RESIDENCE OF DECEDENT			Salis	on LOCATION OF	DEATH /	WICOM	ico County				
DIRECTOR	10a, STATE 10b, COUNTY W	COMICO	-	ry, TOWN OF LOCA				tod. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO				
FUNERAL	106. STREET AND NUMBER  108 Penry Dr.  11. MARITAL STATUS	Salis bu - y M d		13. WAS DE		ANIC ORIGIN? (Specify	// Ven or No− 14	S A CE — American Indian, Black, White, stc.				
ED BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDUC	IF YES, GIVE WAR OR DATES	FORCES? 1 YES 2 MO If yes, specify Cuban, Maxican, Puerto Rican, atc.)  IF YES, GIVE WAR OR DATES  If yes, specify:  If YES 2 NO Specify:									
PLET	(Specify only highest grade  Elementary/Secondary (0-12)  J. C. L. S. 4	completed) (G	(Give kind of work done during most of working									
20 m	17. FATHER'S NAME (First, Middle, Last)  Japan 45  198. INFORMANT'S NAME (Type/Print)	NNAUD Hall			Con	NAME (First, Middle, Male	den Surname)	Rosers				
TO TO	208. METHOD OF DISPOSITION	d Hall P	II	Box 6	QXL	al Route Number, City or	LOCATION — CIT	5 \$/				
examiner must	1 P Burisi 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Removal from State  22. NAME AND ADDRESS OF FACILITY											
or other traumatic event, the medical	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Multiple injuries  Due to (or as a consequence of):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  Due to (or as a consequence of):  Due to (or as a consequence of):											
lury, or	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 ※YES 2 □ NO  OF											
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. J	PLACE OF DEATH	(Check only one)						
rked, or item 23	1 🔆 👍 2 🗌 NO  27. MANNER OF DEATN  1 🗍 Netural 5 🗍 Pending	1 Inpatient DER/Outpatient :  28a. DATE OF INJURY (Month, Day, Year) 8-24-90	28b. TI	ME OF 28c. IN	me 5 Aesiden  IJURY AT /ORK?  YES 2 750	28d. DESCRIBE NO						
PORTANT: If Item 28 is marked, or Item 23 shows any in BE COMPLETED BY PHYSICIAN: MEDICAN	Xccident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm		lca	281. LOCATION (Str City or Town, S Brick Ki	ned under fork lift  NON (Street and Number or Flural Route Number, Town, State)  Kiln Road, Salisbury,					
ANT: If Item 2		CIAN: To the best of my knowledge, d										
IMPORTANT:	29b. SIGNATURE AND TITLE OF CERTIFIE	y Will			29c. LICENSE OCM	_	29d. DATE	8-25-90				
	30. NAME AND ADDRESS OF PERSON WE MARGARITA A. KOR	ELL,MD		111 Pen	n Stree	t,Baltimor	re,MD 2	1201 v				
, [	SEP 25 '90	32. REGISTRAR'S SIGNATURE	Ande	JE.								



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	REGISTRAR			CI	ERTIFIC/	ATE OF	DEATH	R	EG. NO.				
	1. OECEDENT'S NAME (Flost, Harriet	, Middle, Last)	Virginia		Hube	c		2. DATE OF E	9/24/9(	) YEAT	3. TIME OF OEATH 7:10a M		
	4. SOCIAL SECURITY NUMBER 217-20-20	030	1 - M 2 12 F	AGE (In yrs. les		THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B	)5 ² /94	6. Bil	IRTHPLACE (State or Foreign punity)		
NO.	North Art	ındel			96.		Burnie	ATH	9c.	Psc. COUNTY OF DEATH Anne Arundel			
DIRECTOR	10a. STATE		he Arundel		10c. GTV. TOWN OR LOCATION Severna Park					10d. INSIDE CITY LIMITS? 1  YES 2  NO			
UNERAL	100. STREET AND NUMBER	nie Hi	ghway		101, ZIP CODE 2:				10g	CITIZEN C	DF WHAT COUNTRY?		
1 1	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo		12. WAS DECEDENT E FORCES? 1 : IF YES, GIVE WAR	YES 2	2 MrO If yes, specify Cubin, Mexican, Puerto Rican, etc.)						r No— 14. RACE — American Indian, Black, White, atc. Specify: White		
PLEIED	15. DEC (Specify onl) Elementary/Secondary (C	EDENT'S EDU y highest grad 0-12)	JCATION s completed) College (1-4 or 5+)	(G	CEOENT'S USU live kind of work Do NOT use ret Homemal	done during r ired.)	TION nost of working		D OF BUSINES	3/INDUSTR	W		
COMPL	17. FATHER'S NAME (First, M						16. MOTHER'S NA			me)			
200	Unknown I			1.0		PERO (0)	Dora V	Vilkens		70 A-1			
2	Mrs. Jean		herty				Highway		verna I		MD 21146		
	20a. METHOD OF DISPOSIT 1 D Surial 2 Crematic 4 Donation 5 Other	on 3 🗆 Ren (Specify)		20b. PLACE Ced	PLACE OF DISPOSITION (Name of cametery, crametory or defer place)  20c. LOCATION — City or Town, Brooklyn, MD  22. NAME AND ADDRESS OF FACILITY  495 Ritchie HW								
	21. SIGNATURE OF FUNERA	L SERVICE L	CEMEE	//	2		and address of fa				Hwy. Park MD 21146		
	23. PART I. Enter the dehock, or he immediate cause (Findisease or condition resulting in death)	eert feilure.	Liet only one ceuse	on each line	میا	ue	node of dying, euc	h es cardiac	or respirator	y arrest,	Approximate interval Between Onset and Death		
RIFICATION	Sequentially list condit if eny, leading to imme cause. Enter UNDERLY	diete	b		A CONSEQUENCE OF):								
EHILL	CAUSE (Disease or injuthat initiated events resulting in death) LAS		DUE TO (OI	R AS A CONSE	QUENCE OF):								
2	PART II. Other aignifice	ent conditio	ne contributing to de	ath but not	resuiting in ti	ne underty	ing cause given in	Part I. 24	. WAS AN AUTO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	X K-1	220	01,05	, >				1[	YES 2	1	COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO		
AN	25, WAS CASE REFERRED 1	O MEDICAL				26.	PLACE OF DEATH (CA	eck only one)					
2	EXAMINER?		*HOSPITAL:	R/Outpatient		THER:	ome 5 🗆 Residence		oecify)				
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Metural 5 2 Accident	Pending Investigation	28e. DATE OF IN (Month, Day,	JURY Year)	26b. TIME OF	1	NJURY AT WORK? YES 2 NO	26d. DEŞCRI	BE HOW INJUR	Y OCCURE	D		
	a 🗆 aut-14-	Could not be determined	28e. PLACE OF I building, atd		ome, farm, stree	t, factory, of	fica		ON (Street and Nown, State)	umber or Ru	ural Route Number,		
COMPLEIED	CONSULT OFFIN		SICIAN: To the best of m								use(a) and menner as stated.		
O BE	296. SIGNATURE AND TITLE	~	harage	-NO			DIY	MBER 53	290	DATE SIG	DNED (Month, Day, Year)		
	30. NAME AND ADDRESS O	B1.6	HARR	1 7	200	1, 6	7.5/2	5000	rie T	10			
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=	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ

	1 - FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	70 21000
	1. DECEOENT'S NAME (First, Middle, Last)	F.	Hessler		2. DATE OF DEATH MONTH DAY	YEAR 2. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 166-14-3139	5. SEX 6. AG	E (In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give	street and number)	/ // 9b. (	CITY, TOWN OR LOCATION OF D	1.9.06 EATN 90	c. COUNTY OF OEATH
CTOR	CKRAPLOKY	Many N	ag. Hory	Armold		U. S.A.
DIRECTOR	Haryland 106. COUNT	AA	10c. CITY, TOY	WN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	305 College	Ponta	la	101. ZIP CODE	7	og. CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDENT EVER FORCES? 1 YE	R INUS. ARMED	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico		No— 14. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Olvorced	IF YES, GIVE WAR OR	DATES	1 TYES 21 NO Specif	y:	Specify: Wekit
COMPLETED	15. DECEDENT'S EDS (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	(Give kind of work d	lone during most of working	16b. KIND OF BUSINE	SS/INOUSTRY .
MPL	8th grade	Solidge (C4 of 5 )	Barten	kr		
	17. FATHER'S NAME (First, Middle, Lest)	OHN		18. MOTNER'S NA	AME (First, Middle, Maiden Surr	name)
BE	UNKN  19a. INFORMANT'S NAME (Type/Print)	OWN	19b. MAILING ADO	RESS (Street and Number or Rural	UNKNOWN  Route Number, City or Town, St	tate, Zip Code)
2	VICKIE FILA		305 CO	LLEGE PKWY,	ARNOLD, M	ID. 21012
	20s. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Ref	noval from State	20b. PLACE OF DISPOSITION	N (Name of cemetery, cremetory or		ION — City or Town, Stata
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		METRO CREM	22. NAME AND ADDRESS OF FA		IMORE, MD.
	Lavy	y Roose		REESE & SON		T ST ANNAPOLIS, MD. 21401
	23. PART I. Enter the diseases, or	complications that cause on		ntar the mode of dying, suc	ch as cardiac or respirate	ory arrast, Approximata interval Between
	IMMEDIATE CAUSE (Final	List only die cause on	addit inte.			
- 1		0.0	1 L G	still 1	1 timo	Onset and Death
	disease or condition resulting in death)	a. Qre	While	8 the A	Ling	Onset and Death
Z	disease or condition	DUE TO (OR AS	S A CONSEQUENCE OF	g the A	Ling	onset and Beath
TION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	. Mult	S A CONSEQUENCE OF):	g the A	enter A	endent onset and Beath
FICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	b. Mult	S CONSEQUENCE OF):	3 the A	enter A	onset and Beath
RTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. Mult	inke (	g the A	ender A	erdent
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE OF):	3 the A	enler A	erdent
SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS	S A CONSEQUENCE OF):	a underlying cause given in	PERFORME	TOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE OF):	a underlying cause given in	Pert I. 24a. WAS AN AUTPERFORME  1  YES 2	TOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	S A CONSEQUENCE OF):	a underlying cause given in	PERFORME	TOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO (OR AS	S A CONSEQUENCE OF):	28. PLACE OF OEATN (C	PERFORMEI	TOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
SAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	b. DUE TO (OR AS  c. DUE TO (OR AS  d	S A CONSEQUENCE OF):  In but not resulting in the	28. PLACE OF OEATN (C. HER: Nursing Home 5 - Residence	PERFORME!  1 VES 2 2	TOPSY  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN	b. DUE TO (OR AS  c. DUE TO (OR AS  d	S A CONSEQUENCE OF):  In but not resulting in the output of the output o	26. PLACE OF OEATN (C. HER: Nursing Home 5 Residence 28c. INJURY AT WORK?	PERFORMEI  1 VES 2	TOPSY  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Accident Pending Investigation	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the particular and pool of th	28. PLACE OF OEATN (C. Y Mursing Home 5 - Residence WORK?  M 1 VES 2 NO	PERFORMEI  1 YES 2   Wheck only one)  B Other (Specify)  28d. DESCRIBE HOW INJU	TOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the particular and pool of th	28. PLACE OF OEATN (C. Y Mursing Home 5 - Residence WORK?  M 1 VES 2 NO	PERFORMEI  1 YES 2   Wheck only one)  B Other (Specify)  28d. DESCRIBE HOW INJU	TOPSY  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1  Astural 5  Pending investigation	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the putpatient 3 DOA of the property of the pooling of the poolin	26. PLACE OF OEATN (C. HER: Nursing Home 5 Residence 28c. INJUST AT WORK? M 1 VES 2 NO , factory, office	PERFORME  1 VES 2 (2)  beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and City or Town, State)	TOPSY  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO  Number or Rural Route Number, r se stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATN  1  Accident	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the putpatient 3 DOA of the property of the pooling of the poolin	28. PLACE OF OEATN (C THER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office the time, data and place, and du my opinion, death occured at the	PERFORME  1 YES 2 A  beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and City or Town, State)  a to the cause(a) and manner at time, data and place, and di	TOPSY  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  PRY OCCURED  Number or Rural Route Number,  r as stated.  ue to the cause(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATN  1  Astural 5  Pending investigation	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the putpatient 3 DOA of the property of the pooling of the poolin	26. PLACE OF OEATN (C. HER: Nursing Home 5 Residence 28c. INJUST AT WORK? M 1 VES 2 NO , factory, office	PERFORME  1 YES 2 A  beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and City or Town, State)  a to the cause(a) and manner at time, data and place, and di	TOPSY  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO  Number or Rural Route Number, r se stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATN  1  Accident	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the putpatient 3 DOA of the property of the pooling of the poolin	26. PLACE OF OEATN (C)  HER: Nursing Home 5 Residence 26c. INJUSY AT WORK?  M 1 YES 2 NO  , factory, office  the time, data and place, and du my opinion, death occured at the	PERFORME  1 YES 2 A  beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and City or Town, State)  a to the cause(a) and manner at time, data and place, and di	TOPSY  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  PRY OCCURED  Number or Rural Route Number,  r as stated.  ue to the cause(a) and manner as stated.
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Hetural 5 Pending Investigation 1 Suicide 8 Could not be detarmined to detarmined to detarmined to detarmined.  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?  29b. SIGNATURE AND TITLE OF CERTIFIER AND ACCOUNTS OF CERTIFIER AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER AND TITLE OF CERTIFIER AND ACCOUNTS OF CERTIFIER AND TITLE OF CERTIFIER AND ACCOUNTS OF CERTIFIER AND TITLE OF CERTIFIER AND ACCOUNTS OF CERTIFIER AND TITLE OF CE	b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	S A CONSEQUENCE OF):  In but not resulting in the substitute of th	28. PLACE OF OEATN (C THER: Nursing Home 5 Residence 28c. INJURY AT 1 YES 2 NO , factory, office  The time, data and place, and du my opinion, death occured at the	PERFORME  1 YES 2 A  beck only one)  8 Other (Specify)  28d. DESCRIBE HOW INJU  28f. LOCATION (Street and City or Town, State)  a to the cause(a) and manner at time, data and place, and di	TOPSY  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 YES 2 NO  IRY OCCURED  Number or Rural Route Number, r as stated. ue to the cause(a) and manner as stated.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State pept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UP I	MANTLAN		ICATE OF			IEN IAL HYGIEN REG. NO.	E										
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF DEA	TH							
1	Annie M. JACKSON							September	06	1990	9:35	Ам							
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH		s. BIRTH	PLACE (State or F	oreign							
	578-22-5715	1 🗆 M 2 🔀 F	79	YRS.	MONTHS DAYS	HOURS	MIN.	(Morith, Day, Year) 8/27/19]	1.1	SOU	" ith Caro	lina							
	9a. FACILITY NAME (If not institution, give :	street and number)			96. CITY, TOW	OR LOCATI	ION OF DE			UNTY OF D		/11110							
NO.	AMI DRS' HOSPITAL	OF P.G.	COUNT	ĽΥ	Lanham				Pri	nce (	George								
5	RESIDENCE OF DECEDENT																		
IRE	Monare 1 10b. COUNT			10e, CIT	Y, TOWN OR LOC			10d. INSIDE CIT LIMITS?											
0	Maryland Princ	e George	'S			Sea	abro	ok		1 YES 2 X	NO								
RA		D1					100		0.5		HAT COUNTRY?	- 1							
FUNERAL DIRECTOR	9303 Vaughn	PIACE 12. WAS DECEDE	NT EVED IN I	I S A DIMED	12 WM 0 D	2070		C ORIGIN? (Specify Yea			State								
	1 Never Married 2 Married	FORCES?	1 YES	2 NO	If yes,	specify Cubi	an, Maxican	, Puarto Rican, atc.)	or No—		— American Ind c, White, etc.	10071							
В	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATE	:0	101	ES 2 KNO	Specify:			Bla									
ED	15. DECEDENT'S EDU (Specify only highest grade	1	6a. DECEDENT'S	USUAL OCCUPA work done during		ina	16b. KIND OF BUS	SINESS/IN	IDUSTRY										
ET	Elamentary/Secondary (0-12)	College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)	most of work	mg					- 1							
MPI	2nd Grade			Retir	ed			Priv	zate	,									
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	NE (First, Middle, Maiden	Sumame)										
BE	Jessie	Pool					Vict	oria Ale	xar	der									
10	Jessie Pool  Jessie Pool  19a. INFORMANT'S NAME (Type/Print)  19b. MAILINO ADDRESS (Street and Number or Paural Route Number, City or Town, State, Zip Cod																		
_	Emma Lee Pink							Lanham.											
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Ren	oval from State	20b. P	LACE OF DISPO	SITION (Name of	cemetery, cre	matory or			- City or To									
	4 Donation 5 Other (Specify) FT. Lincoln Cemetery Brentwood,										Mary.	Land							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND ADDRESS OF FACILITY AND AD											_							
	Aphm . Wash. 4001 Benning Road, N.E. Wash.											.c.							
	23. PART/I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between																		
	IMMEDIATE CAUSE (Final Onset and Death																		
		DUE TO	O (OR AS A C	ONSEQUENCE O	F):														
ON	Sequentially list conditions, Discourage of the sequence of th																		
CERTIFICATION	If any, leading to immediate																		
FIC	CAUSE (Disease or Injury  that Initiated events  DUE TO (OR AS A CONSEQUENCE OF):																		
E	resulting in death) LAST	4																	
S	2007 11 201 1 101 1 101																		
DICAL	PART II. Other eignificant condition							DEDEOR		Y 246	AMAILABLE PRIOR COMPLETION OF	OT F							
ğ	Joseph Can	cinom		man	syc.	ms	clou	1 TES 2	NO		OF DEATH?								
ME	genenter	421	si/cl	-	<i>V</i>			— I		- 1	1 TYES 2	NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1				BY 105 05	AFATU M												
0	EXAMINER?	HOSPITAL:	C		OTHER:	PLACE OF													
ΗXS	1 U YES 2 NO	1 Inpetient 2		fent 3 L DOA		Ome 5 C F	Realdence	6 Other (Specify)  28d. DESCRIBE HOW I	IN HIRV O	CCUBED									
	Natural 5 Pending		Day, Year)		JURY	WORK?	□ NO	200. DESCRIBE NOW I	illoon C	COOKED									
В	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE	OF INJURY -	- At home, ferm,				281. LOCATION (Street	and Numb	per or Rural I	Route Number,								
COMPLETED	4 Homicide 6 Could not be	building	g, atc. (Specif)	1)			- 1	City or Town, State)											
=	29a. CERTIFIER	MOLANI, To the best	4 4 4	4 4 4															
MP	(Check only one) 2 MEDICAL EXAMIN							to the cause(a) and mai			a) and menner as	hetete							
8	1		Exel(III MILTOVI I	ina or investigati	on, an my operator				-										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	1				29c. LIC	CENSE NUN	2 4 2	29d. D.	ATE SIONED	(Month, Day, Yea.	7)							
	J3>243 0 10/90																		
9	30, NAME AND ADDRESS OF PERSON W	NO COMPLETED CA	USE OF DEAT	H (ITEM 97) /5~	e Print1	1-1	, ,	1-	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
5	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CA	USE OF DEAT	TH (ITEM 27) (Typ		20 61	15	ma) 900	2 -		,								
5	30. NAME AND ADDRESS OF PERSON W  SW GY CLIN  3 PROAFE FILED (MORN) PRP. YOU')	ay on	USE OF DEAT	<u> </u>		nse	U	nd 200	) -										

III

į	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH															
1	RICHARD	TOL	L		JENK	INS			September 21, 1990 2:21A							
	4. SOCIAL SECURITY NUME	BER	5. SEX	l birthday)				7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)						
i	212 38 5917		1 🔀 M 2 🗌 F	51	YRS.	MONTHS DA	NY8 H	OURS MIN.	10/10/3	8	MAF	YLAND	_			
l	So. FACILITY NAME (If not in		treet and number)			9b. CITY, TO	WN OR	LOCATION OF DE			UNTY OF E		$\neg$			
DIRECTOR	Memorial Hos	pital	& Medica	1 Center	r	Cumbe	erla	ınd		Al	legar	ny				
딦	RESIDENCE OF DEC	10b. COUNTY	Y		10c, CIT	Y, TOWN OR L	OCATIO	N				10d. INSIDE CITY	-			
E	MARYLAND	ΔТ	LEGANY			ROSTB			(NATI	ONTA T	1	LIMITS?	.			
	10e. STREET AND NUMBER		ELECTITY I		11	COSID		IP CODE	(WALL		<del></del>	WHAT COUNTRY?				
FUNERAL	RT. 1. B		Q				1111	1532								
밀	11. MARITAL STATUS	OA 33		UT EURO MILLO AD	1450				110 00101110 (014.)	_	U.S.					
5	1 Never Married 2	Merried	FORCES?	NT EVER IN U.S. AR	MED.	If ye	s, speci	ty_Cuban, Mexical	IIC ORIGIN? (Specify ' n, Puerto Rican, etc.)	rea or No-	Blac	E — American Indiar k, White, atc.	,			
В	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATES 12		1 🗆	YES 2	NO Specify	<i>r</i> ;		Spec	"YE WHITE	: 1			
	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCU	PATION		16b, KIND OF E	USINESS/IN	DUSTRY		$\vdash$			
COMPLETED		ly highest grade		(G	ive kind of a Do NOT us	work done durir	ng most o	of working					- 1			
7	12	0-12)	College (1-4 or 5	TAB	OREF	2 - W	ГТН	RUBBE	R KELL	Y SP	RTNO	FIELD T	TRE			
S	17. FATHER'S NAME (First, M	fiddle, Last)					-		ME (First, Middle, Maid			T ZDID I	71(1			
Ö	JAMES	н. Ј	ENKINS						RIE ARN							
B	19e. INFORMANT'S NAME (			19	b. MAILING	ADDRESS (S	treet and		Route Number, City or 1		Zio Gode)					
2	MRS. RICH		'. JENKI						OSTBURG			32	- 1			
	20s. METHOD OF DISPOSIT				OF DISPO	SITION (Name	of cemet	ery, crematory or	200.	LOCATION -			$\neg$			
	tX Buriel 2 ☐ Crematic 4 ☐ Donetion 5 ☐ Other		oval from State	FRO	ŜTBU	JRG MI	EMO:	RIAL P	ARK FR	OSTB	URG,	MD				
	21. SIGNATURE OF PANERA	AL SERVICE LIC	CENSEE			22. NAI S OT	ME AND	ADDRESS OF FA	PACHTY NERAL HOME, 60 W. MAIN ST.							
	>7/1/4r	lou	7/1/XI	Juess			TLIC	O TOME	FROSTBU	RG. 1	MD 2	1532				
	23. PART I. Enter the d					not enter the	mode	of dying, suc	h as cerdlec or re	spiratory s	rreat,	Approxima				
]	immediate cause (Fi		List only one ce	use on eech line				1				Onset and				
	disesse or condition	<b>→</b>	. Ken	milos	4/1	ilu	e	- Pher	mone			12 da	41			
	DUE TO (OR AS A CONSTRUENCE OF):															
2	disease or condition resulting in deeth)  Respublic factor factor themone 2 days  DUE TO (OR AS A CONSTRUCTION Coff bronchus															
CERTIFICATION	Sequentielly liet conditions, If any, leading to immediate															
S	cause. Enter UNDERLY CAUSE (Disease or inju		· Bron	choca	nie	Cure	en	one								
드	that initieted events		DUE TO	O OF AS A CONSE	OUENCE O	F):						-				
	resulting in deeth) LAS	sı (	d	- 1/2												
	PART II. Other eignific	ent condition	ns contributing t	o death but not	resulting	In the unde	rivina (	ceuse alven in	Part i 24a WAS	AN AUTOPS	y 24	b. WERE AUTOPSY FIN	DINGS			
MEDICAL	TAIT III OUIOI OIGIIIIO	one oundition	- continuenting to	o domin bot not	readiting	iii tiie diide	,	Louise given in	PERI	ORMED?	-	AVAILABLE PRIOR T	0			
ă									1 🗀 YES	2 NO		OF DEATH?	woe.			
E						_			_			1 TYES 2 N	0			
Z																
5	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF DEATH (Check only one)									
XSI	1 TYES 2 NO		1/\	☐ ER/Outpatient 3	-	4 - Nursing			nce 6 Cother (Specify)							
PHYSICIAN:	27, MANNER OF DEATH  1 Netural 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIN	JURY	c. INJUF	<b>K7</b>	26d. DESCRIBE HO	W INJURY O	CCUREO					
BY	2 Accident	Investigation						S 2 NO								
	3 Suicide 6 4 Homicide	Could not be determined	26a. PLACE building	OF INJURY — At he p, atc. (Specify)	ome, farm,	street, factory	, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	4   Notificide	determined														
7		TIFYING PHYS	SICIAN: To the best of	of my knowledge, d	eath occur	red at the time	, date e	nd place, and due	to the cause(s) end	manner as s	tated.					
0	one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												ated.			
	295 MONATURE AND TITL	E OF CERTIFIE	R				1:	29c. LICENSE NUI	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)				
	ERLIN International DYO 2-90									•	9/	21/97	29d. DATE SIGNED (Month, Day, Year)			
	C 101 Cong	Hatton	1					0 10 1								
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												-				
5		PERSON WI					Bu			ind, l	MD 2	1502	$\neg$			
TO	30. NAME AND ADDRESS ( Dr. Jabour  31. DATE FILED (Month, Day  CFD 9 6		Memoria		al M		Bu		Cumberla	ind, l	MD 2	1502				

a 8

1	REGISTRAR	7117			OF	DEATH	1	REG. NO.							
	1. OECEDENT'S NAME (Pyst, Middle, Last)	Richard	John	Iones	10		2. DATE O	F DEATH	Y_ /	XEAR 3.	TIME OF GEATH				
	4. SOCIAL SECURITY NUMBER		(In yra. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O	F BURTH	O BIETTUDI A	CE (State or Foreign					
	N/A	1 🛛 M 2 🗆 F	56 YRS.	MONTHS	DAYS	HOURS MIN.	Sept.	25,	1933	Country	ed Kingd				
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN O	R LOCATION OF D			9c. COUNT	Y OF DEAT					
OR O	Union Hospital	of Cecil Cou	nty	E11	kton				Ced	eil .					
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNT	v	100 CC	ry, town or	D I OCATI	ION				140	I. INSIDE CITY				
DIRECTOR	S. Wales N/			ilfac							LIMITS?				
	10s. STREET AND NUMBER				101.	ZIP CODE			10g. CITIZE		COUNTRY?				
ER/	3 Fern Street					N/A			Unit	ed K	ingdom				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 1 YES IF YES, GIVE WAR OR	2 X NO	91	yes, spe	ENDENT OF HISPA leify Cuban, Mexico 2 X NO Specific	en, Puerto Ri		or No— 1	American Indian, hite, etc.					
ED	15. DECEDENT'S EOL		16a. DECEDENT'S	USUAL OC	CUPATIO	N.	16b. I	UND OF BUS	INESS/INDU	STRY					
ET	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8 +)	(Give kind of life. Do NOT L	work done d use retired.)	Turing mos	it of working									
MPL	12		Secur:	ity Ma	anag	er	I	Bondir	ng Com	pany					
COMPLET	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	25.0	31 11110	Sumame)						
BE		nes	E-0.01				May 3								
2	19m. INFORMANT'S NAME (Type/Print) Doris M. Jones			n St		nd Number or Rural					les U.				
	200. METHOD DE DISPOSITION			Fern Street Gilfach Goch, South Wales I  MSPOSITION (Name of cometer); cremetory or 20c. LOCATION — City or Town, State											
	1 Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)	noval from State	other place) R.A. Fei			A STATE OF THE PARTY OF THE PAR			st Che						
	IMMEDIATE CAUSE (Final	complications that cause on		not enter	E1kt the mod		2192	21		st,	Approximate Interval Betw Onset and De				
	disease or condition resulting in death)  a. Jalera cure beral Bleed  OUE TO (OR AS A CONSEQUENCE OF):														
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	b												
ERTIFIC	CAUSE (Disease or Injury that initiated events put that initiated events resulting in death) LAST														
MEDICAL CE	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. W										RE AUTOPSY FINDI NLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO				
SICIAN: 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C	heck only one	)							
SIC	1 Tes 2 No	1 Inpatient 2 ER/O	HOSPITAL: 10 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 8 Other (Specify)												
ву РНУ	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28s. OATE OF INJUR (Month, Day, Ybar		D. TIME OF INJURY AT WORK?  M 1 YES 2 NO			284. DEȘCRIBE HOW INJURY OCCURED								
		26e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, facto	ory, office		26f. LOCA City o	TION (Street I Town, State)	and Number o	r Rural Rout	st and Number or Rural Route Number, te)				
ED BY	3 Suicide 8 Could not be determined  286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  286. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)														
ETED BY	4 Homicide determined  29a. CERTIFIER (Check only	SICIAN: To the best of my kno									nd manner as state				
ED BY	4 Homicide determined  29a. CERTIFIER (Check only	ER: On the basis of examinat					e time, data :		d due to the	cause(s) an	od manner es stats				

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

202 Bow Street

32. ABGISTRARIO SIGNATURE Pandalle

Elkton, MD

21921

S.S. Sachdev, M.D.

SEP 24 90

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	R A	REC	SULCE	E
3	ALC	AL D	2	H
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after death. Page 6 may be retined by a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 amount be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netitited at
	E HO	E FU	D Will	HTA
	F	F	file	2
	P	K	۾	=

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH		AL HYGIENE REG. NO.	9	0 2	27589				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DAT	TE OF DEATH	AR 3. TH	ME OF DEATH					
	Anna B	. Johnson	n			pt. 27	A -	40 p. M					
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER	4 HRS. 7. DAT	E OF BIRTH nth, Day, Year)	BIRTHPLACE	E (State or Foreign					
	216-07-2729  9a. FACILITY NAME (If not institution, give at	1 M 2 F F	82 YRS.	CITY, TOWN OR LOCATIO	Jui	ne 2 19	08 M	aryl	and				
DIRECTOR	Moran Manor N	ursing Home	9	Westernpo	rt		Alle,	gany					
E	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCATION					INSIDE CITY LIMITS?				
ā	Md. All	egany	Nik	ер					YES 2 NO				
AL	10e. STREET AND NUMBER			10f. ZIP CODE		1	0g. CITIZEN	OF WHAT	COUNTRY?				
E	P. O. Box B 10			21546	5			US					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF If yes, specify Cuben 1 ☐ YES 2 ☑ NO	, Mexican, Puert		- 1	Black, White Specify:	markean Indian, to, atc. White				
	16. DECEDENT'S EDU		16a. DECEDENT'S US			6b. KIND OF BUSIN	ESS/INDUST		1111111				
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during most of working tired.)									
로	Unknown		Housew	ife		Home							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (Firs	t, Middle, Maiden Sui	name)						
BEO	James	Staup		G	race	Waddel	1						
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	ORESS (Street and Number	or Rural Route No	imber, City or Town, S	State, Zip Cod	e)					
-	William John	son			Baı	cton, M							
	20a. METHOD OF DISPOSITION 1	oval from State	other place)	ON (Name of cemetery, crem-			FION — City		tata				
	Laurel Hill Cem. Barton, Md.												
	21. SIGNATURE OF JUNIOUS SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Boal_Warnick Funeral Home Westernport, Md. 21562												
	23. PART i. Enter the diseases, or								Approximate				
	anock, or neart failure.	List only one cause on as	en IIn.					į	Onset and Death				
	disease or condition resulting in death)  a. Due TO (OR AS A CONSEQUENCE OF):												
		DUE TO (OR AS A											
Z	Sequentially list conditions,	bC		Artem									
Ĕ	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING												
길	CAUSE (Disease or Injury 6.												
Ē	that initiated events the events that initiated events the events												
CERTIFICATION		d											
	PART II. Other significent condition	s contributing to death be	iven in Part I.	24a. WAS AN AL			E AUTOPSY FINDINGS LABLE PRIOR TO						
PHYSICIAN: MEDICAL	History	of Wilmony	Embi	lone		1 - YES 2 NO			PLETION OF CAUSE DEATH?				
ME							•	_ 1 🗆	YES 2 NO				
ä			-										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DI	EATH (Check only	one)							
YS	1 YES 2 NO	1 Inpetient 2 ER/Outp	atlant 3 DOA 4	Nursing Home 6 - Re									
F	27. MANNER OF DEATH  Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	Y WORK?	144	DESCRIBE HOW INJ	URY OCCUR	EU					
B⊀	2 Accident Investigation	28e. PLACE OF INJURY	— At home farm stre			988 LOCATION (Street and Number or Burni Boute Number							
COMPLETED	3 Suicide 6 Could not be 4 Homicide detarmined	er, ractory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
<u></u>	29a. CERTIFIER		CATTORS		-CV11-(1-7		3023.						
MP	(Check only	ICIAN: To the best of my knowless:  ER: On the beste of examination											
8			Tandor investigation,										
BE	296. SIGNATURE AND TITLE OF CERTIFIE	10			NSE NUMBER		Ped. DATE SI	1 .	nth, Day, Year)				
0	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CALLES OF DE	ATH STEM OF STATE OF	inst.	2124	7	7	1281	, 0 .				
	Jesus Tan, M.	Aut 17		aza, Fro	sthur	a MO	215	32					
	31. DATE FILED (Month, Day, Year)	D Frost 32. REGISTRAR'S SIGN	ATURE	, , , , ,	0	77							
	OCT 0.1 1990	Lieha Davidson	Randelle										

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

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13146,	and the standard
.O. BOX	the same of the last
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	
F VITAL B	
O NOISIAI	

		1. DECEDENT'S NAME (First, A	Middle, Last)			ENIII	ICATI	UF	DEA	III	2. DATE	OF DEATH		1	3, TIME OF DEATH
		Donald NMI Jones									MONTH DAY YEAR 0930 a M				
		4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yra.	last birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7 DATE	OF BIRTH		B. BIRTHP	LACE (State or Foreign
3 should		219-62-9664		1)∑(M 2 □ F	35	YRS.	MONTHS	DAYS	HOURS	MIN.	Apri	12,19	955	Country)	GA
		9a. FACILITY NAME (If not inst	Itution, give	street and number)			96. CITY	, TOWN	OR LOCAT	TON OF D				ITY OF DE	ATH
2, 3	OR	Union Hosp	ital	of Cecil	County		Elk	ton					Ce	ecil	
	등	RESIDENCE OF DECE	10b. COUNT	ΓY		10c Ci	TY, TOWN (	OR LOCAT	DON					- 1	IOd. INSIDE CITY
Pages 1,	DIRECTOR	MD	Ke	ent			lena								LIMITS?
P	FUNERAL C	10e. STREET AND NUMBER						101	. ZIP COI	DE			10g. CITE		IAT COUNTRY?
-		Box 165		21	.635			Į	JSA	0					
	FUN	11. MARITAL STATUS  1 □ Never Merried 2 ★ Merried  12. WAS DECEDENT EVER IN FORCES? 1 □ YES				ARMED NO	13.	WAS DEC	ENDENT ecity Cub	OF HISPA	NIC ORIGII	f? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
8 8 8	BY	3 Wildowed 4 Divorce	WAR OR DATES			1 🗍 YES	2 NO	Speci	Ny:			Specify	Black		
21203-3 tal or attend for use as	E	15. DECE (Specify only		16a, I	Give kind of	S USUAL O	CCUPATH during mo	ON set of work	ding	168	KIND OF BUS	SINESS/IND	USTRY		
	ie.	Elementary/Secondary (0-12) College (1-4 or 5+)		(+)							Talama	- 0		,	
AND the hospital detached once.	COMPL	17, FATHER'S NAME (First, Middle, Lest)				ocess	Atte	enda		THEO'S M	AME (First	Johns Middle, Meiden		ntro	Т
De de se		George Cox	rure, cast)								Jone		aurnemej		
MARYLAND retained by the hosp 5 should be detached notified at once.	BE	19a. INFORMANT'S NAME (Typ.	oa/Print)			19b. MAILIN	G ADDRES	S (Street a	-		0 0 11 0	ber, City or Town	n, State, Zip	Code)	
MA be reta	2	Lisa Marie	Jone	es			eas	-							
ALTIMORE, I leath. Page 6 may be funeral director, page xaminer must be		20a, METHOD OF DISPOSITIO		movel from State	20b. PLAC	E OF DISPO	SITION (N	ame of co	motory, cre	matory or		20c. LO	CATION —	City or Tow	n, Stata
BALTIMORE, or death. Page 6 may the funeral director, pag val.		4 Donation 5 Other (	_	01	ivet					<u> </u>					
death. Pag death. Pag threral direction		21, SIGNATURE OF FUNERAL		22. NAME AND ADDRESS OF FACILITY Fellows Funeral Home											
BALT nours after death. d in by the funera or removal. medical exami		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate													
P.O. BOX 13146, eath certificate be executed within 24 not attending physician and completely filled that Hygiene prior to burial, cremation, or, or other traumatic event, the m	CERTIFICATION	Sequentially list condition from the condition of the con	late IG y	b. DUE TO	O (OR AS A CONS	BEQUENCE (	OF):	Lip.	le	10	n) sel	Wie s			
death death ental	8	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINI											1		
RECORDS, F w requires that the dea been signed by the atl pt. of Health and Merita 3 shows amy Injury,	4: MEDICAL	PART II. Other algniftcan	t condition	one contributing t	o death but no	t resulting	j in the u	nderfyln	g cause	given ir	n Part I.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ITAL RE N: The law req icate has been State Dept. of Item 23 sh	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					LACE OF	DEATH (C	heck only a	ne)			
SICIAN: The lan certificate has the State Dept., or Nem 23,	rsic	1 TES 2 NO	☐ ER/Outpatient	ont 3 TOOA 4   Nursing Home 5   Residence 6 September (Specify)											
O PHY with with with the with		27. MANNER OF DEATH  1 Natural 5 P		10/7	Day, Year)		A. TIME OF NUMBY AT WORK?  M 1 Yes 2 NO								
OIVISION OR ATTENDING DIRECTOR: Atter hours after death tom 28 is mai	D BY	2 Nacident Investigation 28e. PLACE OF INJURY — At					farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number,								oute Number,
DIVISION OR ATTENDING DIRECTOR: After hours after death	Ш	4 Homicide determined													
DIVI HOSPITAL OR A FUNERAL DIREC WITHIN 72 HOURS TANT: If Itom	COMPLET	Torreon only		SICIAN: To the best	of my knowledge,	death occu	rred at the	time, dat			ue to the ca	use(s) and ma	nner as sta		and manner as stated.
TO THE HOSPITAL. TO THE FUNERAL ( be filed within 72 h IMPORTANT: If I	BE	29b. SIGNATURE AND TITLE	OF CERTIFI	EB - M	P.		29c. LICENSE NUMBE				UMBER 729	The state of the s			(Month, Day, Year)
P P 2 =	2	30. NAME AND ADDRESS OF	-	/ /				- / -	/	14	11			E	ikton.
			ee	bensh	ain,	Un	fon	H	50	- 0	Me	cil Co	rent	4	1kfon.
	19	SEP 26	90	32. REBISTI	RAR'S GIGNATURI	E .									
										-					DIMEL 40 D 100

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG, NO.

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhibits after death. Page 6 may be retained by the Inc	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detail to find within 72 hours after clearly with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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death	e fune	ехап
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alw be	omple II, crei	even
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W. T	State	iten
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PHY	this h	arked
NIDING	: After	is m
TE	AOT.	28
OR A	DIREC	tem
TAL	N N	=
HOSP	FUNE	TANT
O THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first within 72 hours after clearly with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPOR
F	FZ	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

							90 2	7591
FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGII REG. I	ENE	J 0 2	1001
1. DECEDENT'S NAME (First, Middle, Last)		02////	7 ti E 01	DEMIT	2. DATE OF DEATH		3. TIM	E OF DEATH
LILLIA		JOHNSON			Sept. 28	, 1990	YEAR	A
4. SOCIAL SECURITY NUMBER 5		1 /	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year		8. BIRTHPLACE	State or Foreign
213 16 8714	□ M 2XIX F	96 YRS.	JATS DATS	HOURS MIN.	Dec. 24,	1893	^c Mary1	and
9a. FACILITY NAME (If not Institution, give stree Meridan (Corscia H		9	Centre	or location of di Ville	EATH		n Anne	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY		I de la composition della comp	TOWN OR LOCA				200	
Maryland Ken	t		11 Pon	d			1 🗆 1	ISIOE CITY MITS? (ES 2 K) NO
P.O. Box # 26 (Bet	terton Roa	d)	10	1. ZIP CODE 21667			EN OF WHAT CO SA	UNTRY?
11. MARITAL STATUS Widowed 1   Never Married 2   Married 3   Widowed 4   Divorced	2. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.) 'y: NO		14. RACE — Ame Black, White, Specify: BL	ACK
15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDENT'S US (Give kind of wor			16b. KIND OF	BUSINESS/INDU	JSTRY	
	College (1-4 or 5+)	Ille. Do NOT use i	etired.)					
7		Domes	tic H	omemaker		es home	es	
17. FATHER'S NAME (First, Middle, Last) Tho	mas White				AME (First, Middle, Mail e Johnson			
190. INFORMANT'S NAME (Type/Print) The Deceased Whil	e living	19b, MAILING AI	DDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)	
20s. METHOD OF DISPOSITION  1  Buriel 2  Cremation 3  Remove	from State	0b. PLACE OF DISPOSIT other place)	ION (Name of ce	metery, cremetory or	20c.		alty or Town, Sta	
4 Donation 6 Other (Specify)		Mt. Zion					ond, Md	
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE			es A. Pe			Box 143 all, Md	
23. PART I. Enter the diseases, or con	nplications that cause	ed the death. Do not						Approximate
ahock, or heart failure. Lie	t only one cause on	eech line.						nterval Between
disease or condition	Calod a	minal	Care	nomas	402-			
resulting in death) a.	DUE TO (OR AS	A CONSEQUENCE OF):			,			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):						
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):					-	
resulting in death) LAST	,							
PART II. Other significent conditions						AN AUTOPSY		AUTOPSY FINDINGS
O arterior les	otre ca	Movasa	ular	Disia	00	FORMED?		BLE PRIOR TO ETION OF CAUSE
O Sevile Der	rentia				_			E5 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C/	heck only one)	_		
	IOSPITAL:	stpetient 3 DOA 4	THER:	ne 6 🗆 Residence	6 Other (Specify)			
27. MANNER OF DEATH  1 1 Netural 8 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 28c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCC	URED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, str necify)			28f. LOCATION (Str City or Town, St	set and Number (tate)	or Rural Route Nu	mber,
200)	IN: To the best of my kno							
2 MEDICAL EXAMINER:	On the Desir Of Examinat	ion and/or investigation,	in my opinion,					
29b. SIGNATURE AND TITLE OF CERTIFIER	ms			29c. LICENSE NU	-	1 .	SIGNED (Month,	
[Mil. www	2 , , , ,			0213	13	Se	pt. 28,	1990

Kin Kue
31. DATE FILED (Month, Day. 190

M.D.

Wun,

Chestertown,

Md.

21620

and the second of

for use as the burial-transit permit. Pages 1, 2, 3 should

LETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

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S1. DATE FILED (MONTH DES. AND T

'90

	FOR 1 - STATE	STATE OF MARY							90	27592
į	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	SAMUEL			KING	DEATH		AY 90	YEAR	3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER 216-44-3172		E (In yrs. lest birti 85 Y	hday) IF UI MONT	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 6, 19	1	a. BIRTH	PLACE (State or Foreign Th Carolina
20	9a. FACILITY NAME (If not institution, give stated and Hospit RESIDENCE OF DECEMENT			9b. (		hesda	EATH		ntgor	
DIRECTOR	10a. STATE 10b. COUNTY	gomery	10	e. city, tov	n on Loca ethes					10d. INSIDE CITY LIMITS? 1 TYES 2 X NO
FUNERAL	100. STREET AND NUMBER 7206 Exeter Road					20814		Uni	ted S	what country? States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 XNO		If yes, so	ENDENT OF HISPAN ecity Cuban, Maxica 2XXNO Specifi	NIC ORIGIN? (Specify Ye in, Puerto Rican, atc.) y:	s or No-	14. RACI Blac Spec	E — American Indian, k, White, etc. #y: White
GLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give ki	NOT use retir	one during me ed.)	on ost of working ngineer	Veteran			stration
BESOM	17. FATHER'S NAME (First, Middle, Last) Samuel V. King	ſ				18. MOTHER'S NA	ME (First, Middle, Maider Simmons			
2	190. INFORMANT'S NAME (Type/Print)  Marie E. Haneke						Route Number, City or Tow thesda, Ma			20814
	26a. METHOD OF DISPOSITION 120 Buriel 2 Cremetion 3 Remo	oval from State	ob. PLACE OF Cother place)			metery, cremetory or			- City or To	D.C.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ,	M001	98	Rober Beth	nd ADDRESS OF FA	phrey Fune	ral Inc.	Home,	/ 20814-3501
	23. PART I. Enter the diseases, or cahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)			. Do not e	nter the m	ode of dying, aud	th as cerdisc or resp	piratory a	rreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa reaulting in death) LAST	DUE TO (OR AS DU	astwe a consequence	hea	nt f	ailure.				
BY PHYSICIAN: MEDICAL C	PART II. Other eignificant condition  Cardone  Yenge ms	a contributing to death	the put not read			ek Ked		N AUTOPS PRMED? 2 NO	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2	HOSPITAL:	utpatient 3 🗆	DOA 4	HER:	LACE OF DEATH (Ci	heck only one)  8  Other (Specify)			
	27. MANNER OF DEATH  1	28e. DATE OF INJUR (Month, Day, Year 28e. PLACE OF INJU building, etc. (S)	PRY — At home,	8b. TIME OF INJURY	M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 28f. LOCATION (Stree City or Town, State	t and Numi		Route Number,
COMPLETED	29e. CERTIFIER (Check only	ICIAN: To the best of my kn								(a) and menner as stated.
TO BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	Loems				29c. LICENSE NU	28Z	29d. D		D (Month, Day, Year)

LOS

32. REGISTRAR'S SIGNATURE
Julia Davidson Randoll

Bellosaa mp 20514

an.	rantit permit. Pa		
DINASICI	The parties		1
	Ne. S	Z	1
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certaincate be executed within 24 hours after bearn. Page to many the natural by the respiral	TO THE FUNERAL	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
4	2		

	1 - STATE REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	KOSALIE MENT	OSALIE F. K	ENT	2. DATE OF DEATH DAY	9 S 3. TIME OF DEATH 3. TIME OF DEATH
	273-46-9069 10 MZXF	93 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign
DIRECTOR	9e. FACILITY NAME (If not Institution, give street and number)  OLL INGS WOOD NUTS!  RESIDENCE OF DECEMENT		CITY, TOWN OR LOCATION OF DI	EATH Se	Montgomery
REC	10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY LIMITS?
1111	Mont.	Rock	ville		1 X YES 2 □ NO
FUNERAL	10e. STREET AND NUMBER 299 Hurley Ave.		101. ZIP CODE 20850	722	U.S.A.
BY FUI	11. MARITAL STATUS  12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 X NO Specifi	in, Puarlo Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify: White
B	15, DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION c done during most of working	16b. KINO OF BUSINE	
COMPLETED	Elamentery/Secondary (0-12)  Collega (1-4 or 5+) 5 +	Physic:	etired.)	Self	employed
00	17. FATHER'S NAME (First, Middle, Last)		10 miles	ME (First, Middle, Maiden Surr	neme)
BE	Unknown		Unknov		
2	19a.INFORMANT'S NAME (Type/Print) Shirley B. Kent		porcess (Street and Number or Aural ottview Ct. Roc		-11-4-11-4
, fee .	20a. METHOD OF DISPOSITION		ON (Name of cemetery, crematory or		ION — City or Town, State
	1 ☐ Burlel 2 M Cremation 3 ☐ Removal from State	other place)	t Crematory		ex., VA
	21. SIGNATURE OF THE HAL SERVICE LICENSEE		Joseph Gawler	CILITY	
	> Keinm Sim	mars	5130 WI Ave.		
	23. PART I. Enter the disease, or complications that ca shock, or heart feilure. List only one cause immediate CAUSE (Finel disease or condition resulting in deeth)		enter the mode of dying, suc	th ee cerdiec or reepireto	Approximate Interval Between Onset and Death
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF:	rebeal	ategh	y greatime
MEDICAL	PART II. Other significant conditions contributing to dea			Part I, 24a. WAS AN AUT PERFORME  1 YES 2	D? AMILABLE PRIOR TO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER	/Outpatient 3 DOA 4	THEA:  Whursing Home 5 - Residence	6 Other (Specify)	
BY PHYSICIAN:	27. MANNSK OF OEATH  1 Netural 5 Pending 2 Accident Investigation	URY 286. TIME (	PF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJU	JRY OCCURED
ED	3 Suicide 8 Could not be datarmined 28e. PLACE OF IN building, atc.	JURY — At home, farm, stre (Specify)	et, factory, offica	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my medical EXAMINER: On the basis of axem				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Ladas	29c. LICENSE NU		9d. DATE SIGNED (Month, Day, Year)  9 0 9 0
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BERNOWS AND ADDRESS OF BERNOWS AND	RSHB	get MS	6320 Demo	20879 cracy Blvd. Beth.MD
	SEP 21 390 32. REGISTRAR'S Guida Di	signature Widson-Randall	•		
					DHMH-16 Rev 1/89

2. DATE OF DEATH

9

HERBERT NEWTON KEENE, III

3. TIME OF DEATH

5

DHMH-18 Rev 1/89

YEAR

1000	170010	14-		7 16	901	/ / /
4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLI Country)	ACE (State or Foreign
5/9-12-98	2/1/2/M2□F	7/ YRS.		7-25-19	Wash.	D.C.
9a. FACILITY NAME (If not institution			CITY, TOWN OR LOCATION OF E	DEATH	c. COUNTY OF DEAT	1.1
Pleasant Vie	1	n	mt. Hiry,	MD.	Carr	0 11
10a, STATE 10b, C	COUNTY	10c CITY TO	OWN OR LOCATION		10	d. INSIDE CITY
Manyland	Montoomous					LIMITS?  YES 2 NO
Maryland 100. STREET AND NUMBER	Montgomery		Kensington I 101. ZIP CODE	T,	10g, CITIZEN OF WHA	**
	1 70 1					COUNTRY
10414 Parkw	700d Drive		20895		USA	
1 Never Married 2 Married 3 Widowed 4 Divorced	EODOEDO 4 1 VEO	2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxis 1 YES 2 XNO Specify	an, Puarto Rican, atc.)		American Indian, Vhita, etc. White
15. DECEDENT (Specify only highes	'S EDUCATION	16a. DECEDENT'S USU	UAL OCCUPATION done during most of working	16b. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+) Z Years	Ilfe. Do NOT use re	ttred.)			
1-12	2 years	Elect	rician	N.I.I	d.	
17. FATHER'S NAME (First, Middle, Li Herbert N.	Keene, Jr.			AME (First, Middle, Maiden Sur Emily Carte		
19a. INFORMANT'S NAME (Type/Prin	nt)	19b. MAILING AO	ORESS (Street and Number or Rura	Route Number, City or Town,	State, Zip Code)	
Grace E. Keene		10414	Parkwood Drive	. Kensingtor	n. Md. 2	0895
20a. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITIO	ON (Name of cemetery, cremetory or		TION — City or Town	
1 Buriel 2 Cremation 3 4 Donallon 5 Other (Specific	Hamovel from State	Parkla	wn Cemetery	Roy	ckville.	Md
21. SIGNATURE OF FUNERAL SETTI	CENTENSEE	7	22. NAME AND ADDRESS OF F	ACILITY		110.4
TIME	- AM Coul	Jan-	HInes/Rinald			
100	s, or complications that cause		11800 N.H. A	ve. Silver	Spring.	Md. 20904
shock or heert for IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due to (OR AS	A CONSEQUENCE OF):	inty Au	4		Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
PART II. Other significent con	nditions contributing to death which which we melli fee	but not resulting in t	the underlying cause given in	n Part I. 24s. WAS AN AL PERFORMI 1 YES 2	ED?	ERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?			26. PLACE OF DEATH (C	Check only one)		
1 TES 2 TONO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:  Nursing Home 5 Residence	8 Other (Spec/fy)		
27, MANNER OF DEATH  1 Natural 5 Pendin 2 Applicant Investig		28b. TIME O	PF 28c. INJURY AT WORK?  M 1 VES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED	3
2 Accident Investig 3 Suicide 8 Could 4 Homicide detarm	not be 28a. PLACE OF INJUR	Y — Al home, farm, streedly)	el, factory, offica	281. LOCATION (Street and City or Town, State)	1 Number or Rural Rou	rte Number,
anal	PHYSICIAN: To the best of my kno- XAMINER: On the basis of examinati					ind menner as stated.
296. SIGNATURE AND TITLE OF CE	PATIFIER	el n	29c. LICENSE N		P 9-1	
	ON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Pri	1	~ Q. Fox	and mo	21702
SEP 20 90	32. REGISTRAR'S SIG	NATURE MANDELL		4		

al-transit permit. Pages 1, 2, 3 should

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIE	_	0 3	27595
	1. DECEDENT'S NAME (First, Middle Last)  DORA C, K	RENSKY				9 22	9	EAR	IME OF DEATH
	4. SOCIAL SECURITY NUMBER  579-05-7802  90. FACILITY NAME (# not institution, give str	1 🗆 M 2 💢 F	96 YRS. M	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTN (Month, Day, Year) 7/23/189	94	BIRTNPLAC Country) RUSS	
TOR	Hebrew Home of Gre				ckville			gomer	
DIRECTOR		gomery		ockville	е			1 X	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 6105 Montrose Roa	ıd		101.	20852		109. CITIZE	N OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		IIC ORIGIN? (Specify ) n, Puerto Rican, etc.)	ea or No— 14	Black, Whi Specify:	merican Indien, Ne. atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use if Homema	k done during mos retired.)	N st of working	16b. KIND OF B	USINESS/INDUS	TRY	
OME	17. FATHER'S NAME (First, Middle, Last)		TIOMETRA	IKCI	18. MOTHER'S NA	ME (First, Middle, Maide		_	
BE C	Morris Chid	le1			Hanna				
5	190. INFORMANT'S NAME (Type/Print)  Ellis Naiman (son	ı-in-law)				Route Number, City or R , Silver			20901
	20a. METHOD OF DISPOSITION  1 M Burlel 2 Cremellon 3 Remo	20h	PLACE OF DISPOSIT other place) Nai Israe	ION /Name of con	seleny committee or	200 1	ocation - ch	y or Town, S	Blate
	21. SIGNATURE OF SUNERAL SERVICE LICE			Danzai	nsky-Gol	dberg Mem e Pike, R	orial (	Chape1	ls, Inc.
CERTIFICATION	23. PART i. Enter the diseasea, or cahock, or heert fellure. Learning in death in the cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CAXO (O D  DUE TO (OR AS A O  DUE TO (OR AS A O	ch line.	CALDI		PRACTIO			Approximate Intervel Between Onset and Daath
MEDICAL	PART II. Other algorificent conditions HYPERTENSIUE DEMENTIA	Contributing to death bu	t not resulting in	the underlying	g ceuse given in		AN AUTOPSY ORMED? 2 NO	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATN  1 Netural 6  Pending	HOSPITAL: 1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year)		OTHER: Nursing Hom OF 28c, INJ	URY AT	8  Other (Specify) 28d. DESCRIBE HOW	Y INJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Special	Al home, farm, str			281. LOCATION (Stree City or Town, Sta		Rural Route	Number,
COMPLET	one)	CIAN: To the best of my knowle R: On the basis of examination							menner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER MULLIN VI	emuzny	D PH	BICIAN	D35	79/	29d. DATE 5	SIGNED (Mon	th, Day, Year) 2/80
	30. NAME AND ADDRESS OF PERSON WHO HEISTEN HOME  31. DATE FILED (Month, Day, Year)	O COMPLETED CAUSE OF DEA	ATER 1	NASH,	Rock	ILLE,	MI	)	
	SEP 24 '90	Julia Davidson		,					

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BALTIMORE, MARYLAND 2120 3146 ter death. Page 6 may be minimed by the horamony physician. the funeral director, page 5 should be detached to miss as the burish-transit permit. Pages 1, 2, 3 should be examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	94 10 10 11 11 13 17 16
BALTIMOR er death. Page 6 m he funeral director rai.		1 4 2
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be manned by me are injuriant to be seen that the function of the physician and completely filled in by the function page 5 should be detailed to the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Nem 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	11 11 11 11 11 11 11 11 11 11 11 11 11
10		3

E OF MARYL			OF HEALTH AND OF DEATH	MENTAL	HYGIENE REG. NO.	90	2759	6
Кыі	Dong	Kim		2. DATE O	OF DEATH DAY	YEAR	3. TIME OF DEATH	

1 - FOR STATE REGISTRAR	STATE UF MAKY		MENT OF HEALT CATE OF DEA		AL HYGIENE REG. NO.	9	0	27596
1. DECEDENT'S NAME (First, Middle, Last)	Kw	i Dong K	im		TE OF DEATH	r y	3.	TIME OF DEATH
Kw. Dong	KIM				20 10	197	3	1833 "
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UND DNTHS DAYS HOURS	MIN. (Mc	TE OF BIRTH onth, Day, Year)		BIRTHPLA Country)	ACE (State or Foreign
214-13-0968  9a. FACILITY NAME (If not institution, give	1. / \	4	b. CITY, TOWN OR LOCA		r. 1, 19	96 COUNTY	Japai	
SHADY (DOUTE	ADVENUTIST	- HOCPTEN	POCK V	IL J E		4/ 1		
RESIDENCE OF DECEDENT	170000101	71937174	ROCKI			1901	1160	MERY
10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION				10	d. INSIDE OTY LIMITS?
	tgomery	Gait	hersburg					YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CC					T COUNTRY?
101 East Watkins			208			Kore		
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO		ben, Maxican, Puer		or No- 14.	Black, W	American Indian, /hita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 X N	IO Specify:			Specify:	Asian
15. DECEDENT'S ED (Specify only highest grad		18a. DECEDENT'S US	BUAL OCCUPATION  it done during most of wo.		16b. KIND OF BUS	INESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT use	retired.)					
7		Housewi	fe		Own Home	е		
17. FATHER'S NAME (First, Middle, Last)			100	OTHER'S NAME (Fire		Sumame)		
Che Soo Kim			Tu		Sohn			
	(daughter)		DORESS (Street and Num					70
20a. METHOD OF DISPOSITION		1942 WI	ld Forest			ATION — City		
1 Burial 2 Thermation 3 Red 4 Donation 5 Other (Specify)	moval from Stata	other place)	burban Cre			lver S		11.000
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADD	RESS OF FACILITY			P1 2	0, 12
1 Tillian	Relat	1100000	Rapp Fun					
23. PART I. Enter the diseases, or	complications that cause	M00827	933 Gist					20910 Approximata
	. List only one cause on		Cantai tha moda or i	dynig, such as c	ardisc or respir	atory strest	•	Interval Between
	1	0	0					
IMMEDIATE CAUSE (Final disease or condition	Intra	coado	al ho		9/20	00		Onset and Death
	Intra	Cequeros of	al he	mog	sha	ge		
disease or condition resulting in deeth)	Intra	cereb	al he	mos	sha	ge		
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate	DUE TO (OR A)	cereb	al he	yper	sha	ge		
disease or condition resulting in death)  Sequentially list conditions,	DUE TO (OR AS	S A CONSEQUENCE OF:	al he	yper	gha	ge		
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	Ceaepr B A CONSEQUENCE OF	al he	yper	gha	ge		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	S A CONSEQUENCE OF:	al he	yper	gha tensi	ge		
disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE OF:	led h	yper	Lepsa 248, WAS AN	AUTOPSY	24b. W	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF:	led h	yper	tenn	AUTOPSY MED?	24b. W	Onset and Death
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disease or condition resulting in deeth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions and the cause of the conditions of the cause of the cau	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  D but not resulting in  utpetient 3 DOA INDE	26. PLACE OIDTHER:  \[ \begin{array}{cccccccccccccccccccccccccccccccccccc	F DEATH (Check only Realdence 8 0 0 28d.	24a. WAS AN PERFORE 1 YES 2 Where (Specify) DESCRIBE HOW II	AUTOPSY MED?	24b. Will AM CCO Of 1	Onset and Death  Death  ERE AUTOPSY FINDINGS  ALLABLE PRIOR TO  OMPLETION OF CAUSE F DEATH?  YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be datarmined    29a. CERTIFIER (Check only)	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF: D but not resulting in Dutpetlent 3 DOA  If 28b. Time Inju  IRY — At home, farm, str pecify)  Towledge, death occurred	26. PLACE OF THER:    Nursing Home 5   OF RY WORK? THE YES :    work of the time, data and place in the time, data and the time.	F DEATH (Check only leading to the see, and due to the	24a. WAS AN PERFOR 1 YES 2  y one)  Ther (Specify)  DESCRIBE HOW II  OCATION (Street a City or Town, State)	AUTOPSY MED?  NJURY OCCUP and Number or	24b. Will AM CC ON 1	Onset and Death  Death  ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Natural 5   Pending Investigation 3   Suicide 8   Could not be datarmined    29a. CERTIFIER (Check only)	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF: D but not resulting in Dutpetlent 3 DOA  If 28b. Time Inju  IRY — At home, farm, str pecify)  Towledge, death occurred	26. PLACE OF The Property of the underlying cause 26. PLACE OF The Property of the underlying Home 5 of Work?  26. PLACE OF The Property of the University o	F DEATH (Check only leading to the see, and due to the	24a. WAS AN PERFOR 1 YES 2  y one)  Ther (Specify)  DESCRIBE HOW II  OCATION (Street a City or Town, State)	AUTOPSY MED?  NJURY OCCUP  and Number or  there as stated.  d due to the c	24b. Will AM CC OI 1	Onset and Death  Death  ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER.	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF: S A CONSEQUENCE OF: S A CONSEQUENCE OF: The but not resulting in Support of the second of the	26. PLACE OF THER:    Nursing Home 5   OF WORK? THE YES :    at the time, data and pl. in my opinion, death oc	F DEATH (Check only leading to the sourced at the time, of the ti	24a. WAS AN PERFOR 1 YES 2  y one)  Wher (Specify)  DESCRIBE HOW II  COCATION (Street a City or Town, State)  cause(a) and mandate and place, an	AUTOPSY MED?  NJURY OCCUP  And Number or  ther as stated.  d due to the c	24b. Will AM CC ON 1  1  REO REO RURAL ROUI	Onset and Death  Death  ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO  To Number,  Ind menner as stated.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other eignificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR ALL DUE TO	S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  S A CONSEQUENCE OF:  Duty not resulting in  S A CONSEQUENCE OF:  S A CON	26. PLACE OF THER:    Nursing Home 5   OF WORK? THE YEAR WORK? The Year (Section) of the set, fectory, office	F DEATH (Check only leading to the sourced at the time, of the ti	24a. WAS AN PERFOR 1 YES 2  y one)  Wher (Specify)  DESCRIBE HOW II  COCATION (Street a City or Town, State)  cause(a) and mandate and place, an	AUTOPSY MED?  NJURY OCCUP  And Number or  ther as stated.  d due to the c	24b. Will AM CC ON 1  1  REO REO RURAL ROUI	Onset and Death  Death  Death  Death  Death  Death  Death  Death  Tellow of Cause  Death  Tellow of Cause  Death  Tellow of Cause  Tellow of C

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mit. Pages 1, 2, 3 should

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within its most safter death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burital, cremation, or remove.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	The state	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the % be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removed.	tem
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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /			F HEALT		MENTA	AL HYGIENI REG. NO.	E	90	27597
	1. DECEDENT'S NAME (First, Middle, Last)  ARCHALU	5 K	ARF	716	45H	IAN		MON		× - 9	YEAR	12:18 A M
	4. SOCIAL SECURITY NUMBER 212-11-9937	5. SEX 1  M 2  F	6. AGE (In yrs. las	t birthday)		EAR IF UND	ER 24 HRS. MIN.	7. DAT	E OF BIRTH nth, Day, Year)	1893		
~	9e. FACILITY NAME (If not institution, give at					OWN OR LOCA	TION OF DE		11 15,		NTY OF DE	
S S	SHADY GROVE		MST H			Rock	ville			Mo	ontgo	
DIRECTOR		ontgomery	r	10c, CI	ry, town on Gai	thers						IOd. INSIDE CITY LIMITS? I YES 2XXNO
FUNERAL	100. STREET AND NUMBER 19217 Gatmin Dri	ive				10f. ZIP CO	20879				zen of wh	NAT COUNTRY?
E A	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2XX		13. WA If y 1	S DECENDENT es, specify Cu YES 2XXN	OF HISPAN ben, Mexicer O Specify.	IIC ORIG n, Puerto	ilN? (Specify Yaa o Rican, etc.)	or No	14. RACE Black, Specify	- American Indian, White, etc. : White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	ECEDENT'S	Work done dur	UPATION ing most of wor	idng	10	6b. KIND OF BUS	INESS/INC	DUSTRY	
MPLE	Elamentary/Secondary (0-12)	College (1-4 or 5 +	• )		ical [				Pr	ivate	e Pra	ctice
	17. FATHER'S NAME (First, Middle, Lest)  Toros Karakashi	ian				18. MC			, Middle, Melden Maneeki			
TO BE	19a. INFORMANT'S NAME (Type/Print)						per or Rural R	Poute Nu	mber, City or Town	n, State, Zip		
	Aris Karakashiar	<u>-</u>				S Mil.		d Ge	-		laryl	and 20876
	20s_METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other p	lace)	TA COLOR	rial l			970		11.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC		+		22. NA		ast De	eer	DeVol Park D Maryl	rive		ome
	23. PART I. Enter the diseases, or on shock, or heart fellule.	complications the			not enter th							Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Abo	dom	20	el p	air	1 -	u	nkn	on	n	Onset and Death
N	Sequentially list conditions,	b. CON	oses	OUENCE	el	eas	t	Pai	lu	o li	Py	•
CATIC	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO	ON AS A CONSE	OUENCE	0	3 - 0	Link	e	ase			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. S/P N	COR AS A CONSE	ect	PFI:	y fe	K B	se	ast	CA		
MEDICAL C	PART II. Other significant condition	ns contributing to	desth but not	resulting	In the und	erlying ceus	e given in	Part I.	24s. WAS AN PERFOR 1 YES 2	RMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 70
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (Ch	eck only	one)			
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	g Home 5 🗆	flasidence	6 🗆 01	ther (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF (Month, E		26b. TI	ME OF 2	Be. INJURY AT WORK? 1 YES	l 🗆 NO	26d. D	DEŞCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be detarmined		OF INJURY — At h , etc. (Specify)	ome, farm	, street, fector	y, office			OCATION (Street lity or Town, State)		r or Rumal A	oute Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of a										and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	R 815	F, N	1.1	)	290, 1	ICENSE NUI	MBER 7 9	2	29d, OA	TE SIGNED	(Moreth, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAU	ISE OF GEATH (IT	EM 27) (7v	on Print)	- 1			10-		7	0

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) 5

SWARDON SUD HATCH ARE

31. DATE FILED (Month, Day, Year)

SEP 21 90

32. REGISTRAR'S SIGNATURE

SEP 21 90

Guila Savidan Rando De

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CAURA,

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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

5

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MACGIN

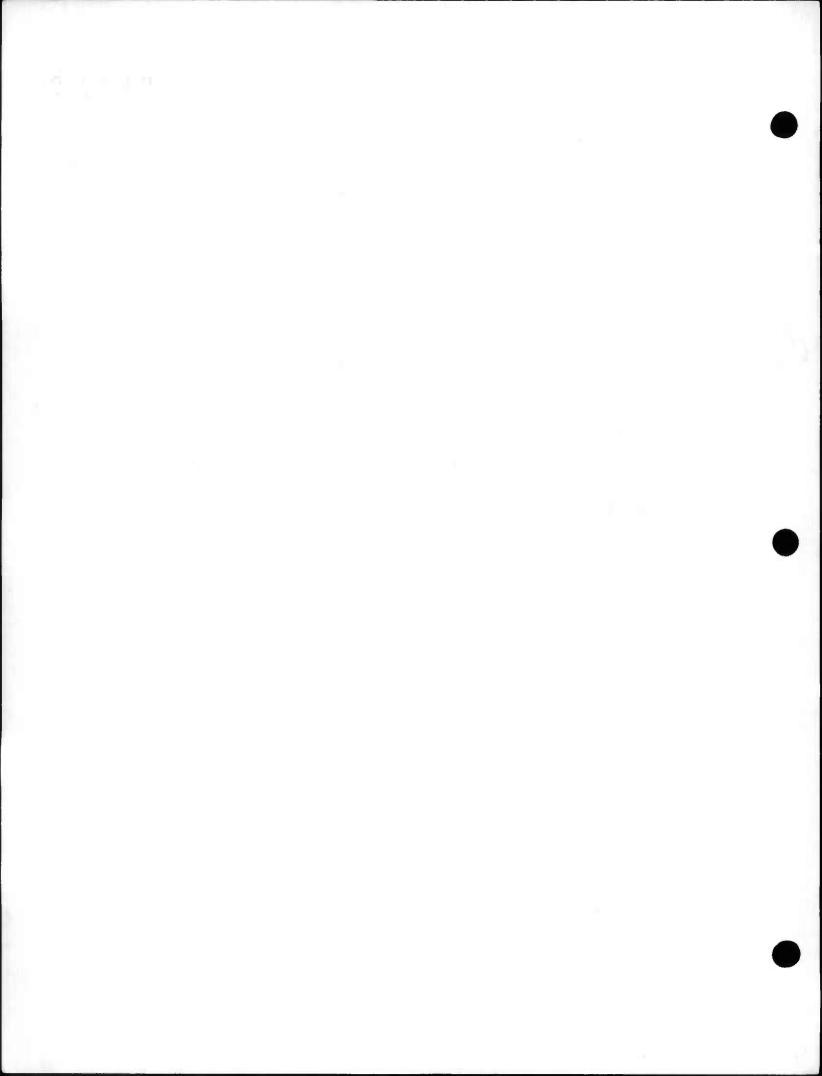
32. REGISTRAR'S SIGNATURE

KoBent

SEP 2 1 '90

	FOR	STATE OF MARYLAND /	DEPARTME	NT OF H	FAITH AND I	MENTAL HYGIENI		90 27598
	REGISTRAR	CE	RTIFICA	TE OF		REG. NO.	120	
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	William Raymor	na King			2. OATE OF DEATH DA	18	3. TIME OF DEATH
A N		SEX 8. AGE (In yrs. last 74	YRS. IF UN	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, pay, Year) April 17,	1916	BIRTHPLACE (State or Foreign Country) Wash. DC
	9e. FACILITY NAME (If not institution, give street		- 1		R LOCATION OF DE	ATH		Y OF DEATH
10 HO	Greater Laurel-Bel	tsville Hospita		.aurel			Prin	ce George's
DIRECTOR	10e. STATE 10b. COUNTY  Maryland Prince	George's	10c. CITY, TOW					10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	100. STREET AND NUMBER	ocor gc 3	Concg		. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ER/	9219 Dewberry Lar	ne		2	0740	_	U.S.	Α.
BY FUNERAL	11. MARITAL STATUS 12 1 X Never Merried 2	. WAS DECEOENT EVER IN U.S. ARI FORCES? 1 TYES 2 X N IF YES, GIVE WAR OR DATES	MED IO	If yes, spe	ENDENT OF HISPAN ecify Cuben, Mexical 2 X NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) /:	or No — 14	4. RACE — American Indian, Black, White, atc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade com-		CEDENT'S USUA			16b. KIND OF BUS	INESS/INDUS	white
COMPLETED		ollege (1-4 or 5+)	he kind of work do Do NOT use retire Vator o	d.)		Press (	Club	
OM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden	Surname)	
BE (	Charles R. King	-	<u></u>		Rose [			
DT.	198. INFORMANT'S NAME (Type/Print)  Albert P King					Route Number, City or Town College Pa		
	20a, METHOD OF DISPOSITION 1 (ABurlet 2   Camation 3   Remove	trom State 20b PLACE		(Name of cer	metery, crematory or	20c. LO	CATION — CI	od, Maryland
	4 Donation Other (Specify) 21. SIGNATURE OF FUNE AND SERVICE 14 2945	EE .	Lincom	22. NAME A	ND ADDRESS OF FA	CILITY	ELLA	IERAL HOME
	· Deck 18	1 Dulon						Md. 20781
		plicetions that caused the date only one cause on each line		iter the mo	da of dying, suc	h ee cerdlec or reapl	ratory arres	st, Approximate Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	SEPTIC DUE TO (OR AS A CONSEC	SHO	CK				1 day
	Todaking in ogatily	and the second s						10
NO	Sequentially list conditions,	DUE TO (OR AS A CONSEC			-			1 day
TA.	if any, leading to immediate cause. Enter UNDERLYING	MULTI-IN		T 0	CONCNI	1/2		1725
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC						
H	d							
- 1	PART II. Other eignificent conditions c			undarlyin	g ceuse given in	Part 1. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Old	DIASETT	35 May 70	15			1 TES 2	NO NO	OF DEATH?
PHYSICIAN: MEDICAL						-		1 TYES 2/NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)		
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3		HER: Nursing Hom	ne 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH  1 Netural 6 Pending Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	WC	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCU	PRED
red BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet,	factory, offic	a	26f. LOCATION (Street of City or Town, State)	and Number o	r Rural Route Number,
COMPLETED	ana)	N: To the best of my knowledge, de On the besis of examination end/or						
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE	SIGNED (Month, Day, Year)
BE	Schot Mon	no mo			D25	-455	▶ 9	1 . 1 0

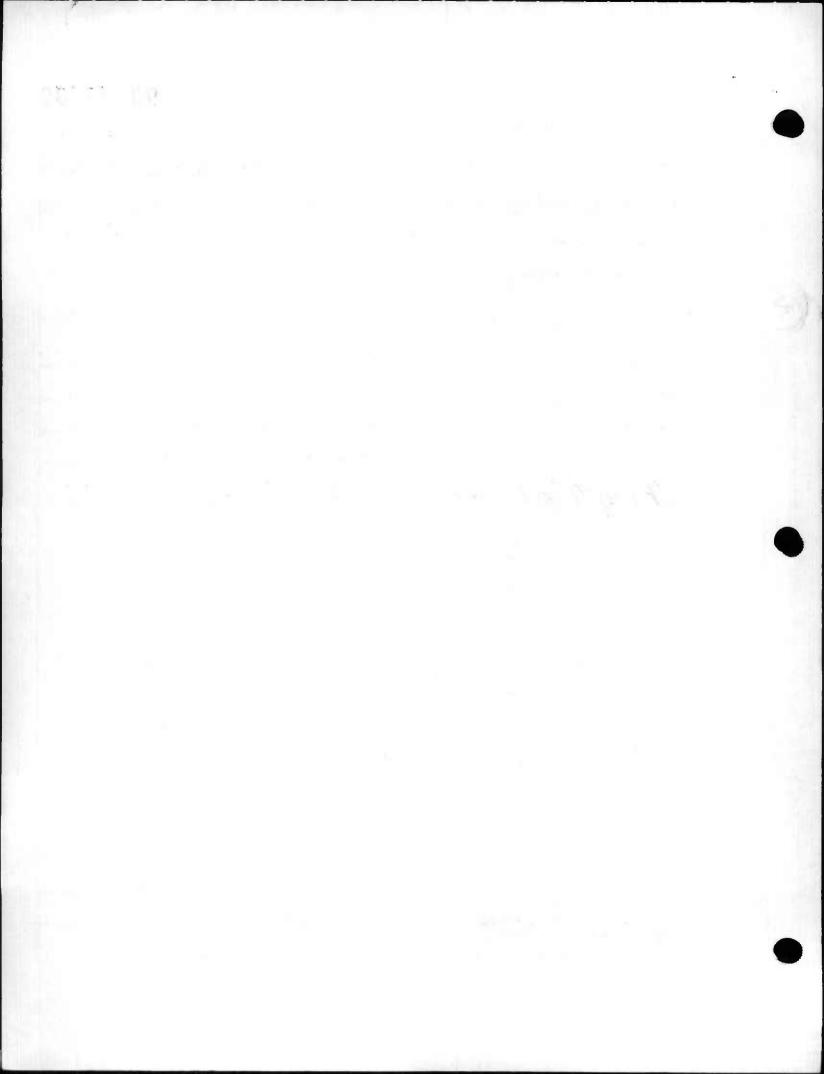
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出	まる	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the function to burial, cremation, or removal.	=	
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—rouns after death. Page 6 may be retained by the hospital or amount	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		

permit. Pages 1, 2. 3 should

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEP/ CERTI	FICATI				MENTA	REG. NO.		90	27599
3	1. OECEDENT'S NAME (First, Middle, Last)							2. OATE	OF DEATH	ıv.	YEAR	3. TIME OF DEATH
1	Olin DeLoss	Keyser							t. 21			2:10 P. M
			L AGE (In yrs. last birthda	y) IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH h, Day, Year)			PLACE (State or Foreign
	705-07-2266	M 2 D F	96 YAS	MONTHS	DAYS	HOURS	WIN.			894		nnsulvania
	9a. FACILITY NAME (If not institution, give street		9b. CIT	Y, TOWN O	R LOCATIO	N OF DE	EATH			NTY OF DE		
OR	Moran Manor Nui	sina H	ome	l u	Vest	ernr	ort	_		A 1	lege	3 11 11
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		CITY, TOWN		-					T E U	10d. INSIDE CITY	
DIRECTOR												LIMITS?
LD	Maryland Alle	gany		Lumbe		n d			_	10-017		1 X YES 2 NO
FUNERAL					101.	ZIP COOE						HAI COUNTRY?
NE	224 Baltimore A		EVER IN U.S. ARMED	La		2150			N? (Specify Yes	us		- American Indian.
FU	1 Never Married 2 Married	FORCES? 1	YES 2 NO	13.	If yes, spe	city Cuba	n, Mexice	in, Puerto	Rican, atc.)	or No-	Black,	, White, etc.
ВУ	3 🂢 Widowed 4 □ Divorced	W . W			1 TYES	2 X NO	Specify	y:			Specifi	White
Q	15. DECEDENT'S EDUCA	TION	16a, OECEDEN	T'S USUAL C	CCUPATIO	N N		168	. KIND OF BUS	SINESS/IND	USTRY	
E	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO	of work done Tuse retired.)	during mos	st of workin	9					
PL	Unknown		Mach	inis	t				B &	O Ra	ilro	oad
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Surname)		
BE C	Harry Espy Keys	ser				Id	a M	lae	Edsel	1		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	NO ADORES	S (Street a				ber, City or Tow	_	Code)	
10	Ruth Twigg		1100	Sim	psoi	n La	ne-	Lav	ale,	Mary	land	21502
	20g. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Remov	al from State	20b. PLACE OF DIS						20c. LO	CATION —	City or Tox	wn, Steta
	4 Donation 8 Other (Specify)	ar nom state	Rose 1	1i11	Cem	eter	у		Cu	mber	lanc	d, MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			NAME AN				_			
	Monday 9)	while	chi									e, P.A. MD 21502
	23. PART I. Enter the diseases, or co	mplicetione thet	ceueed the deeth. D	o not ente	r the mo	de of dyl	ng, auc	ch aa car	diac or reep	iratory an	reat,	Approximate
	ehock, or heert failure. LI IMMEDIATE CAUSE (Finel	st only one ceus	e on eech line.									Interval Between Onset and Death
	disease or condition resulting in death)	S	1806									
	readiting in death) . a.	DUE TO (C	AS A CONSEQUENCE	OF):								
z		Dec	Mitus.	ulve	/							
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEQUENCE	OF):								
2	CAUSE (Disease or Injury		OR AS A CONSEQUENCE									
E	that initiated events reaulting in death) LAST	DOE TO (C	OH AS A CONSEQUENCE	E OF):								
H	d.											+
CAL	PART II. Other eignificant conditions	contributing to d	leath but not resulting	ng In the u	inderlying	ceuse (	jiven in	Part I.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
2	Intent	lole Con	yetur Her	エラ	lis				1 TES			COMPLETION OF CAUSE OF DEATH?
MED	Com	1 Arty	Deser							A		1   YES 2   NO
-		,										
IA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF D	EATH (Ch	heck only o	nne)			
Sic	The state of the s	HOSPITAL:	ER/Outpatient 3 🗆 DO	A OTHE		6 5 🗆 Re	eldence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		TIME OF	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW	INJURY OC	CURED	
ВУ	1 X Natural 8 Pending 2 Accident Investigation			М		YES 2	NO					
ED E	3 Suicide 6 Could not be	26a. PLACE OF building, e	INJURY — At home, far tc. (Specify)	m, street, fa	ctory, offic				CATION (Street or Town, State		r or Rural F	Route Number,
1	4 Homicide determined		ACS //									
COMPLET	29a. CERTIFIER (Check only 1) CERTIFYING PHYSIC	AN: To the best of n	ny knowledge, death oc	curred at the	time, date	and place	, and due	n to the co	euse(s) and me	nner se sta	nted.	
OM	one) 2 MEDICAL EXAMINER	On the basis of exa	imination and/or investig	ation, in my	opinion, d	lenth occu	red at the	a time, dat	a and place, a	nd dua to t	he cause(a	) and menner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LIC	ENSE NU	MBER		29d. DA	TE SIONED	(Month, Day, Year)
0	Very x	7.				D	21	24	4	•	9/20	150
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	E OF DEATH (ITEM 27)	Type, Print)								
	Jesus H. Tan, M	.DFre	etburg 1	laza	-Fre	ostb	ura	. M	D 21.	502		
	Jesus H. Tan, M	1.DFro	ostburg 1	laza	-Fr	ostb	urg	. M	D 21.	502		



13146, BALTIMORE, MARYLAND 21203-3146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within expours after death. Page 6 may be retained by the hospital or attending any experience.	er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as mount. Then permit. Pages 1, 2, 3 should ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
MIVISION OF VITAL RECORDS, P.O. BOX 13146,	death certificate be on	attending physician a intal Hygiene prior to	ry, or other traum
RECORDS,	law requires that the	is been signed by the ept. of Health and Me	23 shows any inju
OF VITAL	PHYSICIAN: The	this certificate ha with the State Do	'ked, or item ;
DIVISION	ITAL OR ATTENDING F	HE FUNERAL DIRECTOR: After t led within 72 hours after death	: If Item 28 is mar
	TO THE HOSPI	TO THE FUNES be filed within	IMPORTANT:

HEGISTHAH		CERTIF	ICALE	PUEAIR	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF DEATH MONTH	DAY	YEAR 3. TIMÉ OF DEATH →
Rebecca M.					Sept.		906:00 P. M
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR		. 7. DATE OF BIRTH (Month, Day, Year)		BIRTHRI ACE /State or Foreign
222-20-1421	1 □ M 2XXF	90 YAS.	JACONT 1100 DAT	moons min.	(Month, Day, Year) August 2	8,190	00 Ireland
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOW	N OR LOCATION OF	DEATH	9c. COUN	TY OF DEATH
Graham Nurs RESIDENCE OF DECEDENT 10e. STATE Maryland 10e. STREET AND NUMBER 1203 Telegrap: 11. Marital Status 12 Naver Marida 2 Married	ing Home		Warw	ick		Ce	ecil
RESIDENCE OF DECEDENT							Pitra source
100. STATE 10b. COUR			TY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
Maryland	Cecil	Wa	arwick				1 YES 2 NO
100. STREET AND NUMBER				10f. ZIP CODE		100	EN OF WHAT COUNTRY?
1203 Telegrap				21912		USI	4
11. MARITAL STATUS 1 Never Merried 2 Merried		EVER IN U.S. ARMED YES 2 X NO	13. WAS	DECENDENT OF HISE , specify Cuben, Mex	PANIC ORIGIN? (Specify Wilcan, Puerto Rican, etc.)	es or No—	14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	1 🗆 1	YES 2X NO Spe	city:		Specify: White
	HIGATION	16a. DECEDENT'S	P LIBURY OCCUM	ATION	16b. KIND OF B	IONIESO (INDI	
(Specify only highest gra	de completed)	(Give kind of	work done during	most of working	100. KIND OF B	DSIMESS/INDU	SIHY
Elementary/Secondary (0-12) Unknown	College (1-4 or 5+)	Domest			Hugh	Sharr	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) Unknown  17. FATHER'S NAME (First, Middle, Last)		Domes		40 35000.0000			
	11.,				NAME (First, Middle, Maide abeth Moc		
Alexander Ke	ттХ		0.4000000				
D 198. INFORMANT S HAME (TyperFrint)					al Route Number, City or To		
Mary E. McGO	vern(nied				Wilm.,Del		
20a. METHOD OF DISPOSITION	moval from State	20b. PLACE OF DISPO					Ity or Town, State
4 Donation & Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	0 /	Greenhi.				WIIM.	.,Delaware
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE (I)	1. 11 111001	MC 22. NAM	e and address of Crerv F	uneral Ho	mes.	Inc.
- Olechoris	D. the	ollelle			ord Pike		
23. PART 1. Enter the diseases, of	r complications thet	caused the death. Do					
shock, or heart failur	e. List only one caus	e on each iine.					Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	カナトゥ	rosclerot	ia Ca	edi ozza e	aular Die	0250	Oliset and Dastin
resulting in death)		OR AS A CONSEQUENCE		Lulovasi	Julai Dis	ease	
		rtension	or j.				
Sequentially list conditions,	U	OR AS A CONSEQUENCE	on:				
If any, leading to immediate cause. Enter UNDERLYING			/-				
CAUSE (Disease or injury that initiated events	C. DUE TO (	OR AS A CONSEQUENCE	OFI:				
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST			,				
	d						
	one contributing to	desth but not resulting	in the underl	ying cause given		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
PART II. Other algnificant condition					1 _ YES		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						- M.	OF DEATH?
2							1 YES 2 NO
Z5. WAS CASE REFERRED TO MEDICAL			20	L PLACE OF DEATH	Check only one)		
EXAMINER?	HOSPITAL:	EDiffusionalism 2	QTHER:				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	1   Inpatient 2   28s. DATE OF	ER/Outpetient 3 DOA		Home 6 Residence	28d, DESCRIBE HOW	IN IT IDV AAA	IRED
	(Month, De		JURY	WORK?	490. DESCRIBE HOW	INJUNT OCC	UNES
2 Accident Investigation							
3 Suicide 6 Could not I 4 Homicide determined	building,	FINJURY — At home, ferm, etc. (Specify)	, street, factory,	office	City or Yown, State		or Flural Route Number,
The state of the s							
	YSICIAN: To the best of	my knowledge, death occur	rred at the time,	date end place, end o	due to the cause(e) end m	anner as state	d.
One) 2 MEDICAL EXAM	NER: On the basis of ex	amination end/or investigat	tion, in my opinic	n, death occured at	the time, date end place,	and due to the	cause(e) end manner ee stated.
III 205 SIGNATURE AND TITLE OF CERTIF	TIER			29c. LICENSE I	NUMBER Q D	29d. DATE	SIONED (Month, Day, Year)
n i o	110	20			1000	<b>D</b> 0	124/50
30. NAME AND AUDRESS OF PERSON	WHO COMPLETED CALLS	E OF DEATH (ITEM 27) /5-	on Printi	C/00	1632		1/24/10
		a Professi		Buildin	a Suite	4 107	ilm.,De.
Joseph A. Kul				DUTTUTII	y builte 3	-x VV _	Lim. , DG.
SEP 25 90	Se Highian	Davidson-Randa	02.				
72. 27 30	1						

		DECEDENT'S NAME (First, Middle, Last)		Z. I.	IOAIL	. 01	DEATH	2. DATE OF MONTH	DA		YEAR	. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		Kyle (In yrs. lest birthdey)				Septe	ember			ACE (State or Foreign	
2		215-42-7478	1 🗌 M 2 📉 F	72 YRS.	IF UNDER MONTHS	DAYS	HOURS MIN.	Oct.	24, 1	917	Country) West	Virginia	
phone	~	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN OR LOCATION OF DEATH						TY OF DEA	TH	
6,	CTOR	Union Hospital o	of Cecil Coun	ty	El	lkton	l .	_		Cec	11		
. Pages 1	DIREC	Maryland Cec			Y, TOWN O		ON					Od. INSIDE CITY LIMITS?  X YES 2 NO	
permit.	RAL	10e. STREET AND NUMBER					10g. CITIZ		AT COUNTRY?				
= = =	E	220 Locust Lane						S.A.					
21203-3146 fial or attention at 1 for use	2	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	2 X NO If yes, specify Cuben, Mexican, Puer					or No	Black, \	- American Indian, White, atc. White	
or attenting	G	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. DECEDENT'S (Give kind of	work done o	CCUPATION during mos	N t of working	18b. K	IND OF BUS	INESS/IND	USTRY		
	PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	Homemaker								
AND the hospit detached once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surneme)								
YL be be at at	TO BE		rer		Lessie Ca								
MARYLAND  retained by the hosp  5 should be detached notified at once.		190. INFORMANT'S NAME (Type/Print) Billie Sue Aro							ity or Town, State, Zip Code)				
		209. METHOD OF DISPOSITION Sept. 21, 1990 20b. PLACE OF DISPOSITION (Name of complexy, cramatory or								Elkton, MD 21921			
MORE, age 6 may director, pa		1 To Buriel 2 Cremation 3 Res	noval from State	other place) Brookvi								Maryland	
BALTIMORE, et death. Page 6 may be val. examiner must be		21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. I	NAME AND	ADDRESS OF F	or Fu	neral	s, P.			
BA after d by the imoval.		23. PART I. Enter the disasses, or complications that caused the death. Do not antar tha mode of dying, such se cerdiac or raspiratory arrest,											
DX 13146,  e be executed within 24 hours affect that and completely filled in by the rich to burial, cremation, or remove traumatic event, the medical	NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,	b. DO No		ance	to :	Lines Jathy					Interval Between	
O. BOX certificate be ding physician lygiene prior to other traur	ERTIFICATION	tf sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  d.											
ECORD squires that the signed by the Health and hows any in	MEDICAL C	PART II. Other significant condition	ons contributing to dasth t	but not resulting	in the ur	nderfying	ceuse given in		4e. WAS AN PERFOR	MED?	a c	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
23 and 23	AN	25. WAS CASE REFERRED TO MEDICAL	1			26 DI	ACE OF DEATH (C	heat only one)					
Sician: The is certificate has the State De	SICIAN:	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER	R:	5 Residence		Poenthil				
o the d	PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TII		28c. INJL WOI	JRY AT	-	RIBE HOW I	NJURY OCC	URED		
ON OF DING PHYS After this of death with	BY	1 Netural 8 Pending 2 Accident Investigation			M	1 🗌 Y							
ISIO TTENDI TTENDI TTENDI Atter d	ED I	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, stc. (Spe	Y — At home, farm, noify)	street, fact	tory, office		281. LOCAT City or	TON (Street of Town, State)	and Number	or Rural Roo	ute Number,	
E BR =	COMPLE	onel	SICIAN: To the best of my know									and manner ee stated.	
E HOSPF E FUNEF d within	Č	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICENSE NU	IMBER		29d. DATE	SIGNED (A	Month, Day, Year)	
TO THE HOSP TO THE FUNE De filed within	0	Ju-	wh Hen				D048	23		19	19/2	7	
	5	30. NAME AND ADDRESS OF PERSON W Jui-Chih Hsu, M		EATH (ITEM 27) (Type West Mai		reet	Elk	ton,	MD 2	1921			
		31. DATE FILED (Month, Day, Year)  CFD 2 1 'Q\(\Omega\)	32. REGISTRAR'S SIGN	NATURE Pandall									

BALTIMORE, MARYLAND 2120

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		FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR ERTIF	RTMENT	OF H	EALTH AND DEATH	MENTA	L HYGIEN REG. NO.	Ð 0	271	502
		1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH	Y YE	3. T	TIME OF DEATH
		Joanne		Rebecc	а		K	lecan	8	3(	) 9	0 1	0:02A M
		4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. la:		IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE (Mon	OF BIRTH th, Day, Year)	8.	BIRTHPLA Country)	CE (State or Foreign
3		217-36-1613	1 M 2 F	49	YRS.					3,194	1		MD
3 should	~	9a. FACILITY NAME (If not institution, give str				9b. CITY,	TOWN 0	R LOCATION OF	DEATH		9c. COUNTY	OF DEATI	1
2,	DIRECTOR	Kent & Queen Ani	ne's Hosp	ital	1			esterto	wn		Ker		
innecian. burla-transit permit. Pages 1,	2	10a. STATE 10b. COUNTY			1	Y, TOWN O							I. INSIDE CITY LIMITS?
Ji.	- 1		en Anne's		St	dler							YES 2 NO
t pen	FUNERAL	10e. STREET AND NUMBER	A				-	21668			10g. CITIZEN	USA	COUNTRY?
rsician.	N N	Box 45, Miller	12. WAS DECEDENT	EVER IN IT & AS	DMEO	142.1		ENDENT OF HISP	NIC ODIO	M2 (Constitution	an No.		American Indian.
the state of	-	1 Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA	YES 2		1	yes, spe	ecify Cuban, Maxic	en, Puerto	Rican, alc.)	OF NO- 14.	Black, W	hlia, alc.
14	B	3 Wildowed 4 Divorced	IF TES, GIVE WA	H OH DATES		.   '	☐ YES	2 NO Spec	ny:			Specify:	White
1 2	8	15. DECEDENT'S EDUC	ATION	16a, DI	ECEDENT'S	USUAL OC	CUPATIO	ON .	16	b. KIND OF BUS	SINESS/INDUST		
2 5	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille	Do NOT L	ise retired.)		st of working					
hospital tached to	4	11		<u>I</u>	Produ	ction	n Li	ne		Playt	ex		
e de 13	COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N			Surname)		
	BE (	Lauder Larrimore						Lucil	le Si	tubbes			
retained to S should notified	2	19a. INFORMANT'S NAME (Type/Print)		19				and Number or Rura	l Route Nui	nber, City or Tow	n, State, Zip Co	de)	
- W =	-	John Alfred Klec	an			as a							
St X Ha		29e. METHOD OF DISPOSITION  1 Burlel 2 Cremellon 3 Remo	oval from State	20b. PLACE other p				netery, cremetory or .le Ceme			cation – city (dlers)		
Page 6 al directo		4 Donation 6 Other (Specify)	ENGES &		DC			ND ADDRESS OF F		. 50	autersv	7776	, 1100
death. Pag tuneral di I. examiner		21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					avs Fune		Tome			
2 2 6		Lary B.	tellow	3				. Cypre			ingtor	MD.	21651
ed within 2-mours after ompletely filled in by the it, cremation, or removal event, the medical		23. PART I. Enter the diseases, or c shock or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liat only one caus	a on aach iin	<b>a.</b>			da of dying, au vascular			iratory arrest	9	Approximate interval Between Onset and Death
executed within and completely o burial, crematinatic event, t	_	assection which	DUE TO (	OR AS A CONSE	OUENCE	OF):							
te be executed rsician and con prior to burial, traumatic e	CATION	Sequantially list conditions, if any, laading to immediata cause. Enter UNDERLYING	DUE TO (	OR AS A CONSE	OUENCE	DF):							
के विक के	FIC	CAUSE (Disease or Injury that initiated events	DUE TO (	OR AS A CONSE	OUENCE	OF):							İ
	RTIFI	resulting in death) LAST											
death afte ental	CEI												
The law requires that the of the bas been signed by the arte Dept. of Health and Meem 23 shows any inju	EDICAL	PART II. Other eignificant condition	a contributing to	daath but not	resulting	in the ur	darlyln	g cause given i	n Part I.	1 XYES	RMED?	AM CC	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE F DEATH?
requires that been signed b of Health ar shows any	ME											13	XYES 2 NO
law re as bee Dept. o		. 3	_										
SICIAN: The law requires that the certificate has been signed by 1 the State Dept. of Health and 1, or Item 23 shows any in	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1)X YES 2 NO	HOSPITAL:	EB/Outputled	3 127 DOA	OTHE!	₹:	LACE OF DEATH (					
SICIA certif	PHYS	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TI	ME OF	26c. IN.	JURY AT	7	ESCRIBE HOW	INJURY OCCUP	RED	
NG PHYS fler this eath with		1 Natural 5 Pending	(Month, Da	ly, Year)		JURY M		ORK? YES 2 NO					
0 4 9 0	D BY	2 Accident investigation 3 Suicide 6 Could not be	28a. PLACE OF	INJURY — AI h	ome, farm	atreet, fact	ory, offic	:8		CATION (Street		Rural Rout	e Number,
CTOR: after	Ш	4 Homicide determined	bunding, i	etc. (Specify)					l G	ty or Town, State	,		
AL DIR L DIRI 2 hour 1 item	COMPLET	29a. CERTIFUR 1 CERTIFUNG PHYSI (Crock arry) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the bests of ax									ause(a) ar	nd manner as stated.
H H H H	BE C	298: SIGNATONS OND TITLE OF CERTIFIES	ť					29c. LICENSE N	UMBER		29d. DATE S	IGNED (M	orith, Day, Year)
TO THE HOSPID TO THE FUNERA De filed within 7		1000	1						OCME		8	3/31/	90
	10	James A. Kaplan						lll Pen	n St		Balto.		
		James A. Kaplan 31. DATE FILED (Month, Day, Year) SEP 06 '90	3 REGISTRA	R'S SIGNATURE								سی	
		SEP 0 6 '90	Fulia Dai	ridson-Ra	ndell								

DHMH-16 Rev 1/89

	The other	American Permit, Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, 7:0. BOX 13140, DALLINGHE, MANIENNO 21203	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arti-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	NAV VE	3. TIME OF DEATN		
Lois A. H	Cotarba				09 2	23 9	0 1433		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTN	0.1	BIRTNPLACE (State or Foreign		
215-38-1376	1 M 2 X F	80 YRS. M	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	10	Maryland		
9e. FACILITY NAME (If not institution, give	street and number)	1	b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY			
Peninsula Ger				isbury			comico		
RESIDENCE OF DECEDENT	Terar Hosp.	I Val	Dat	Lobury		11 7	COMILCO		
10a. STATE 10b. COUN	Υ	10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY		
MD Wi	comico		Salis	bury			LIMITS?		
10s. STREET AND NUMBER			16	H. ZIP CODE	***	10g. CITIZEN	OF WNAT COUNTRY?		
1010 Bell Av	е.			21801		U	.S.A.		
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	13 WAS DE	CENDENT OF NICOA	NIC ORIGIN? (Specify Ve	n or No.   14	RACE — American Indian,		
1 Never Married 2 Merried	FORCES? 1 YES	S 2 2NO	If yes, s	pecify Cuban, Maxica	nn, Puarto Rican, etc.)	14.	Black, White, atc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES	S 2 NO Specif	y:		Specify: White		
15. OECEOENT'S ED	UCATION	16a. DECEDENT'S U	SUAL OCCUPATI	ON	16b, KIND OF BL	ISINESS/INDUST	TBV		
(Specify only highest grad	le completed)		rk done during m		TOOL KIND OF BE	,			
Elementary/Secondary (0-12)	College (1-4 or 5+)		dresse	r	Own S	hon			
		Hall	110336						
17. FATHER'S NAME (First, Middle, Last)	M	ariner		Olivia	ME (First, Middle, Maide		CP Pro		
Pierson	M						atirs		
19e. INFORMANT'S NAME (Type/Print)		THE STREET			Route Number, City or Tox		,		
Alexander Kot	arba	1010	Bell	Ave. S	Salisbury	, MD	21801		
20g METHOD OF DISPOSITION	2	Ob. PLACE OF DISPOSIT	ION (Name of ce	metery, crematory or	20c. L	OCATION City	or Town, State		
4 □ Donation 5 □ Other (Spinity)	noval from State	Springh	ill Me	mory Ga	rdens H	lebron	, MD		
21. SIGNATURE OF UNERAL SERVICE L	CENSEE /	0/	22. NAME A	ND ADDRESS OF F	CILITY				
. 0 .1	1/2		Boun	ds Fune	eral Home				
Duala (	Corcer	W 8	705	E. Mair	St. Sal	isbur	y, MD 2180		
DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING C.  CAUSE (Disease or Injury									
that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)							
resulting in deeth) LAST	d								
	*								
Alzheimer	s Disease	but not resulting in	the underlyle	ng cause given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF OEATN (C	heck only one)				
1 X YES 2 NO	HOSPITAL:		OTHER:	me 5 🗆 Residence	6 Other (Specify)				
27. MANNER OF DEATH	26a. DATE OF INJUR	Y 28b. TIME	OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	RED		
1 Netural 5 Pending	(Month, Day, Year	) INJU		ORK? YES 2 NO					
2 Accident Investigation		RY — At home, farm, str			28f. LOCATION (Stree	t and Number or	Guest Gauta Number		
3 Suicide 6 Could not be determined	building, etc. (S		eet, lectory, on		City or Town, State		nurai rioure rioritori,		
and only	SICIAN: To the best of my known NER: On the basis of examinar						ause(s) and manner as state		
29b. SIGNATURE AND TITLE OF CERTIFI	ER			29c. LICENSE NU	IMBER	29d, OATE S	IGNED (Month, Day, Year)		
~1~	01-0-	Denuter	ער זע	D0359			1-23-90		
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALLE OF	Deputy Death great 27 (700)	Print)	י כר טע	77	1. 09	-27-30		
				00 = 1	0-21		0.100.1		
John T. Bulk	eley, M.D.	, 108 Pi	ne Blu	III Rd.	, Salisbu	ary, M	id. 21801		
SEP 2 6 90	32. BEGISTRAR'S SI	GNATURE							
ULF 4 0 JU	C Bo Sould	Les Dinton							

Spaid as

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospi TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF W		/ DEPAR ERTIF					MENT	REG. NO.	E •		61001	
1. DECEDENT'S NAME (First,	Middle, Last)								940	TE OF DEATH		YEAR	3. TIME OF DEATH	
	ONICA	KRAUS							Se	pt. 24,	199	0 '	8:50 PM	M
4. SOCIAL SECURITY NUMB 220-80-6150		5. SEX 1 ☐ M 2 🔀 F	6. AGE (In yrs. le 93	YRS.	IF UNDER MONTHS	DAYS	IF UNDER	24 HRS. MIN.		TE OF BIRTH onth, Day, Yber) ril 5,1	397	Count	HPLACE (State or Foreign ny) nsylvania	
9a. FACILITY NAME (II not in Fallston G			1			, TOWN C	ton	ON OF DE	ATH			nty of D		
RESIDENCE OF DEC				_										
Maryland	10b. COUNTY Har	ford			r, town o		TION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
100. STREET AND NUMBER 612 FOXCYOF	t Driv	е				101	zip codi 21	L014			10g. CI	USA	WNAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 S Widowed 4 Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 3			If yes, sp		n, Mexice	n, Puer	GIN? (Specify Yes	or No-		E — American Indian, k, Whita, etc.	
	EDENT'S EDUC		16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON ast of workin	10		16b. KIND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0		College (1-4 or 5+	- 4	le. Do NOT u	JSEWI					h	ome			
17. FATHER'S NAME (First, M John —	Brinke	r					18. MOTI		ME (Fir	et, Middle, Melden Burk				
19a. INFORMANT'S NAME (1 Gertrude M.		r								lumber, City or Tow Air, Md				
20a. METHOD OF DISPOSIT  Burial 2 Cremetic  4 Donation 5 Other	on 3 🗆 Remo	val from State	20b. PLAC other New	e of dispo	edral	erne of cer	metery, crem	natory or				city or To	own, State	
21. SIGNATURE OF FUNERA	L SERVICE LICI	ENSEE			22.	NAME A	ND ADDRE	SS OF FA						
Focos	2/1	Med	ome	111	/ 13	317	Cokes	bury	y R	oad, Ab	ingd	on,M	ome, P.A. d. 21009	
23. PART I. Enter the d shock, or h	lacecee, or co	omplications the list only one cau	t ceused the dise on each ill	leeth. Do	not enter	the mo	de of dy	ing, auci	h aa c	cerdiec or reap	ratory a	rreat,	Approximate Interval Between	en
IMMEDIATE CAUSE (Fit disease or condition resulting in death)	nel →	Ca	ndra	in the second	Do	KS 8	+						Onset and Dea	th
Sequentially list condit	lons,		OR AS A CONS	1/8	2.0	P		1						
If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ING	fe	HOR AS A CONS	Hen	" W	CK		m	4	neme	w	Q:	2 da	2
that initiated events reaulting in death) LAS	πĮ,		12	Ne	ne	by	yK	DK	9	1915				
PART II. Other algolitics	ant condition	contributing to	deeth but not	reculting	In the q	nderlyin	g ceuse	given in	Part i	. 24a. WAS AN		24	b. WERE AUTOPSY FINDING	38
(1)	145	CUD	$\mathcal{C}$	0	H	m	311	ne		PERFOI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
	0	(D)	8	5 Ch	B'	m	5						OF DEATH?	
25. WAS CASE REFERRED 1	O MEDICAL					20. P	LACE OF E	DEATH (Ch	eck on	ly one)				_
EXAMINER?		HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 🗆 R	aeldence	8 🗆 (	Other (Specify)				
	Pending Investigation	20s. DATE OF (Month, D		26b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 [	_ NO	26d.	DESCRIBE HOW	NJURY O	CCURED		
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE C building,	of INJURY — At etc. (Specify)	home, ferm,	street, fac	tory, offic	ce			LOCATION (Street City or Town, State		er or Runal	Route Number,	
29a. CERTIFIER 1 CER	VENING BHYEN	CIAN: To the best of	my knowledge	death cover	rad at the	time det	and star	and de-	to the	coupals) and	Door on "	hatad		
one) 2 Mpc	ICAL EXAMINE	R: On the beals of s											(a) and manner as stated.	
296. SIGNATURE AND THE	1	Hul	V. 1	VA	12		29c. LĮC	D-	MBER	144	29d. D/	TE SIGNE	25 90.	,
30. NAME AND ADDRESS O	PERSON WHO	COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Typ)	Print	2/1	be.	R	U	va-	MI	) 2	1047	
31. DATE FILED (Month, Day,	90°	32, REGISTRA	MICSON-PO	indell			1						*	

e s^a

BALTIMORE, MARYLAND 7203-46	The form of the function of the control of the cont	e medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24-yours after death, Page 6 may be retained by the hospital.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to the assument that any element. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		CERTIF	CALE	JE DEATH	HEG	. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  AGNE	AGNES B. 1		-4 N	- 21 :	2. DATE OF DEA	DAY	YEAR 3. TIME OF DEATH
			_					
	4. SOCIAL SECURITY NUMBER 579-54-7282	5. SEX 6. AG	9 YRS. MONTHS DAYS HOURS MIN. J. A. D. A. D. D. A. D. D. A. D.			Jan. 3	(Par) 1911	6. BIRTNPLACE (State or Foreign Country) West Virginia
~	9e. FACILITY NAME (If not institution, give st			wn on Location of OE Ter Spring	ATN		unty of death Montgomery	
Š.	Holy Cross Hos	pitai		211	ver spring			rionegomery
ñ	10e. STATE 10b. COUNTY		10c. CITY	, TOWN OR L				10d. INSIDE CITY LIMITS?
PIR	Maryland Nontgon	nery		Silve	Spring			1 💢 YES 2 □ NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER 2402 Ecclestor	Street		10f. ZIP CODE				ITIZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 ANO	If yes	DECENDENT OF HISPAN I, specify Cuben, Mexice YES 2 NO Specify	n, Puerlo Rican, e		14. RACE — American Indien, Black, White, etc. Specify: White
	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S	USUAL OCCU	PATION	16b. KINO (	F BUSINESS/IP	NDUSTRY
COMPLETED	Elementary/Secondary (0-12) 1-12	College (1-4 or 5+) N/A		e retired.) emaker	g most of working	OWT	home	
×	17, FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First Miridia I	fairian Surnama)	
BE C	Francis B.	Kaeslin				rude Ho		
	19e. INFORMANT'S NAME (Type/Print)				reet and Number or Rural i			
2	Norris A. Lynch				th. Court,			
	20s. METHOD OF DISPOSITION  1 A Burlel 2 Cremetion 3 Remote Densition 5 Other (Specify)	oval from State	other place)		of cemetery, crematory or			- City or Town, State nati, Ohio
	21. SIGNATURE OF FUNERAL SERVICE (IC	ENSEE /	Arlingto	22. NAN	orial Gard	CILITY		
	· Clark	& Ul	(sore)		nes/Rinald			eing, Md. 20904
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between Open and Posts							
CERTIFICATION	immediate cause (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Cotolory auterios claims.  Due to (or as a consequence of):  Due to (or as a consequence of):  Cotolory auterios claims.  Due to (or as a consequence of):							
19		d						
EDICAL	PART II. Other significant condition	s contributing to deet	h but not resulting	PER			WAS AN AUTOPS PERFORMED? YES 23 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME						-		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				86. PLACE OF DEATH (Ch	ack only one)		
Sici	EXAMINER?	HOSPITAL:	outpatient 3 DOA	OTHER:	Home 5 - Reeldence		ffv)	
PHYSICIAN: M	27. MANNER OF DEATH	26e. DATE OF INJUI (Month, Day, Yes	RY 28b. TIN		c. INJURY AT WORK?	28d. DESCRIBE	-	OCCURED
ВУ	1 Natural 5 Pending 2 Accident Investigation	280 DI ACE OF IN	IDV At home form		YES 2 NO	201 LOCATION	(Street and Numi	har or Rural Bouto Number
TED	3 Suicide 8 Could not be 4 Nomicide determined 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							yer or nurar roote roomse,
COMPLETED	(Check only	ICIAN: To the best of my k			Carried Street, Control of the Contr			stated.  the cause(s) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Jan	2-	no	29c. LICENSE NU	MBER 346	29d. D	P - 19 - (
5	30. NAME AND ADDRESS OF PERSON WH	SCONSI			Bethe	s do	M	20814 ·
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE					
	SED 21 '90	Julia J	undrum Prond	. 00				

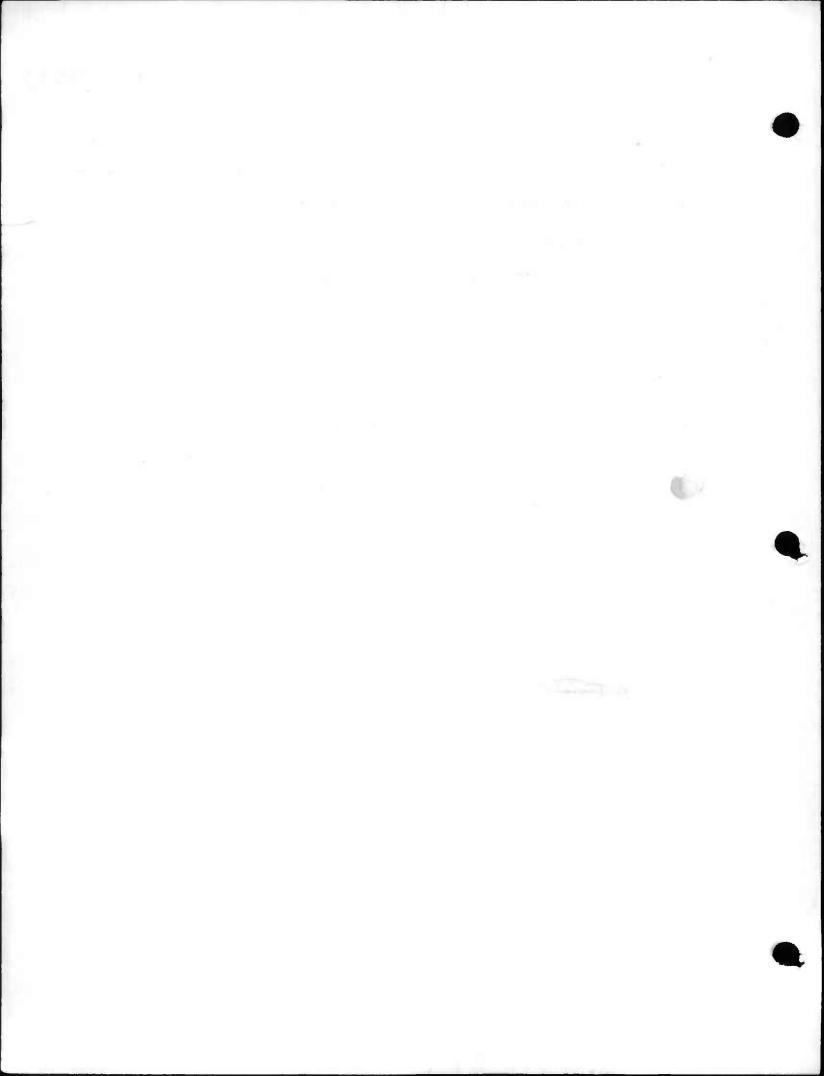
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scian.	In-transit permit.		
(Deligion)	SHOWING DO	1	)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for interest of the funeral director, page 5 should be detached for interest to the funeral director.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation. or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH MONTH DA		. TIME OF OEATN
	Paul W. Ludden				7 90	7:20am M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (		F UNDER 1 YEAR   IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)	8. BIRTNPL Country)	ACE (State or Foreign
	483-48-2937   1 🖾 M 2 □ F	87 YRS. MO	ONTHS DAYS HOURS MIN.	09/04/03		Iowa
	9a. FACILITY NAME (If not institution, give street and number)	96	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF DEA	
띩	Montgomery General Hospital		Olney, Maryla	and	Montg	omery
5	Montgomery General Hospital					
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION		10	Dd. INSIDE CITY LIMITS?
	Maryland Montgomery	Silv	ver Spring		ē.	YES 2 NO
M	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WH	AT COUNTRY?
FUNERAL	3579 S.Leisure World Blvd.		20906		USA	
ا جَ ا	11. MARITAL STATUS  12. WAS DECEDENT EVER IN FORCES? 1 ☑ YES	U.S. ARMED	13. WAS OECENDENT OF HISPA If yee, specify Cuban, Maxic		or No- 14, RACE Black, N	- American Indian, White, atc.
ВУ	IF YES, GIVE WAR OR DA	ATES	1 TES 2 TINO Spec		Specify:	
	I wwil Korear			1	Whi	te
Щ	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of work life. Do NOT use re	k done during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
ا تر ا	Elamentary/Secondary (0-12) College (1-4 or 5+) 1/12 4 Years	U S Army		Milita	ry Chaplai	in I
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			AME (First, Middle, Maiden		
	Justus C. Ludden			an Benson	Sumame)	
BE	19a. INFORMANT'S NAME (Type/Print)	Tab MAILING AD	DDRESS (Street and Number or Rura.		State 7to Codel	
일	Marilyn Sue Asfahl		9th St.N.W. Ro			
			ON (Name of cemetery, crematory or		CATION — City or Town	
	20a. METHOD OF DISPOSITION 1	other place) Metr	opolitan Crema	tory A	lex.Va.	, 51812
	21. BIONATURE OF PUNERAL SERVICE LICENSISE		22. NAME AND ADDRESS OF F			
	· Michael H, Kmald		Hines/Rinald	i 11800 Nev	w Hamp.Ave	s.S.Md.
	23. PART I. Enter the diseases, or complications that caused	the death. Do not	enter the mode of dving, su	ch as cerdiec or respi	ratory arrest.	Approximate
	shock, or heart felfafe. Liet only one ceuse on e	ech ilne.	200			Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition	- ()	an aura	1		Ollast and Destil
	resulting in deeth) e. DUE TO (OR AS A	CONSEQUENCE OF):	any Clevic			
_	= Sundia					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):				
18	cause. Enter UNDERLYING					
Ē	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A	CONSEQUENCE OF):				
F	resulting in deeth) LAST					
	PART II. Other algrifficent conditions contributing to deeth b	ut not resulting in	the underlying cause given it	Part I. 24s. WAS AN	AUTOREY 245 W	/ERE AUTOPSY FINDINGS
DICAL	Curred	Thou reading in	the underlying codes given in	PERFOR	MED?	MAILABLE PRIOR TO
	Drie	sed		1   YES 2	THO 9	F DEATH?
Σ				—	1	☐ YES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF OEATN (C			
∢			THER:			
ICIA	EXAMINER? HOSPITAL:		□ Nursing Home 5 □ Realdence	8 U Other (Specify)	N II IBY ACCUBED	
IYSICIA	EXAMINER?  1 YES NO HOSPITAL: 1- Inpetient 2 ER/Outp		DE 200 IN HIDY AT	284 DESCRIBE HOW II		
PHYSICIAN:	EXAMINER? HOSPITAL:	28b. TIME C	Y WORK?	28d. DEŞCRIBE HOW I	NJOHT OCCORED	
BY PHYSICIA	EXAMINER?  1	28b. TIME C	WORK?  M 1 YES 2 NO			do Mumbas
ED BY	EXAMINER?   HOSPITAL:   1   YES   NO   1   1	28b. TIME C	WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	and Number or Rural Ro	rte Number,
ED BY	EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  20. CERTIFIED.	28b. TIME C INJUR — At home, ferm, etre	M 1 YES 2 NO  net, factory, offica	28f. LOCATION (Street a City or Town, State)	and Number or Rural Roa	ite Number,
ED BY	EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  29a. CERTIFIER Check only  CERTIFYING PNYSICIAN: To the best of my know	28b. TIME C INJUR	M I YES 2 NO  set, fectory, offica	28f. LOCATION (Street a City or Town, State)	and Number or Rural Rou	
ED BY	EXAMINER?  1 YES NO  2. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination	28b. TIME C INJUR	M I YES 2 NO  set, fectory, offica	28f. LOCATION (Street a City or Town, State)	and Number or Rural Rou	
E COMPLETED BY	EXAMINER?  1 VES NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident  3 Suicide 8 Could not be determined  29a. CERTIFIER Check only  CERTIFYING PNYSICIAN: To the best of my know	28b. TIME C INJUR	M I YES 2 NO  set, fectory, offica	28f. LOCATION (Street and City or Town, State) e to the cause(a) and mer e time, data and place, an	and Number or Rural Rou	ind manner as stated.
COMPLETED BY	EXAMINER?  1   YES   NO	28b. TIME CINJUR  — At home, ferm, etre	WORK?  1 YES 2 NO  set, fectory, offica  at the time, date and piece, end du in my opinion, dasth occured at the	28f. LOCATION (Street and City or Town, State) e to the cause(a) and mer e time, data and place, an	and Number or Rural Roo mer as stated. d due to the cause(s) d	and manner as stated.
BE COMPLETED BY	EXAMINER?  1   YES   NO	28b. TIME CINJUR  — At home, ferm, etre	WORK?  1 YES 2 NO  Note, fectory, office  at the time, date and piece, end du  in my opinion, daath occured at the  29c. LICENSE Ni  intit)	28f. LOCATION (Street and City or Town, State) e to the cause(a) and mer e time, data and place, an	and Number or Rural Roo mer as stated. d due to the cause(s) d	and manner as stated.
BE COMPLETED BY	EXAMINER?  1   YES   NO	28b. TIME C INJUR  At home, ferm, etre  ledge, death occurred in and/or investigation,  ATN (ITEM 27) (Type, Pr	WORK?  1 YES 2 NO  set, fectory, offica  at the time, date and piece, end du in my opinion, dasth occured at the	28f. LOCATION (Street and City or Town, State) e to the cause(a) and mer e time, data and place, an	and Number or Rural Roo mer as stated. d due to the cause(s) d	ind manner as stated.

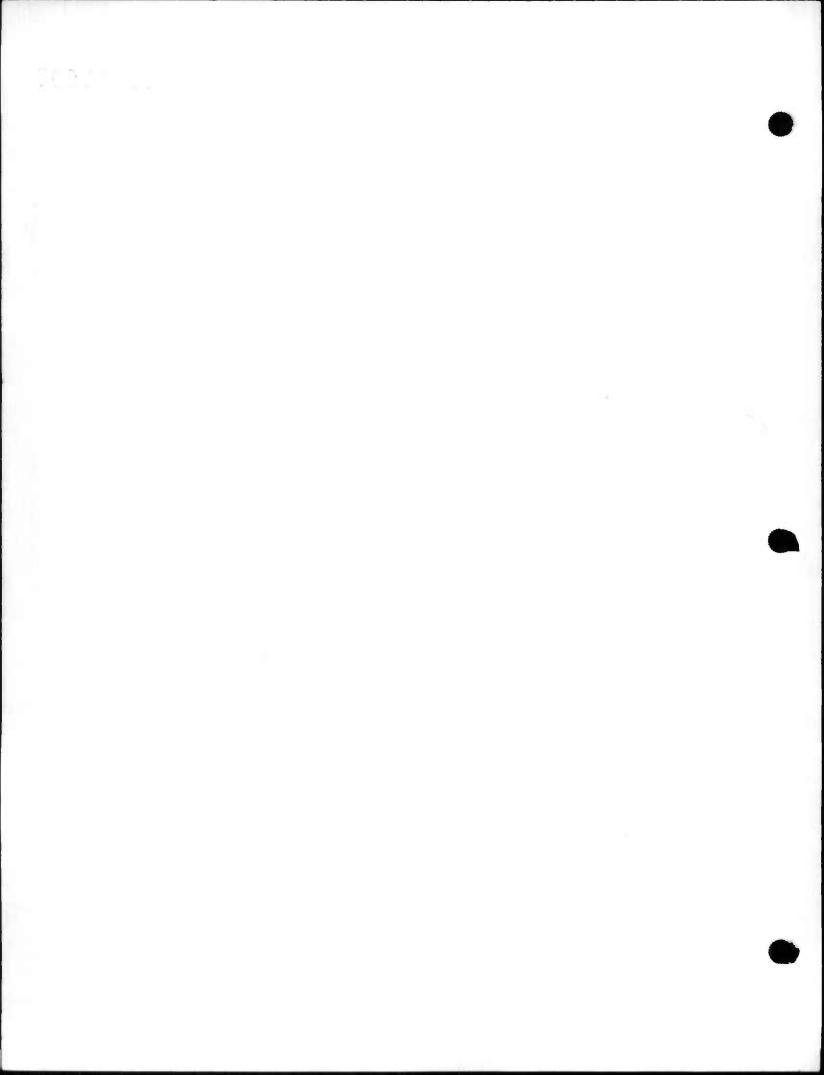


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BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 2x-rours after death. Page 6 presented in the hospital or attending physician.  It is certificate has been signed by the attending physician and completely filled in by the funeral direct page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  It is not state 23 shows any Injury, or other traumatic event, the medical examiner must may note.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Pag. 6 messages in the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner messages once.	
DIVISION OF V	TO THE HOSPITAL DR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certif be filed within 72 hours after death with the IMPORTANT: It Item 28 is marked, or	

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR					IOAI		D = 7 \	7 1 7	HEG. N	۶.		
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH Sept. 20 1990 3. TIME OF DEATH Sept. 20 1990 12:50 PM N												
					E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH			HPLACE (Stete or Foreign	
		578-40-2932 1 XM 2 □ F					T	HOURS	MIN.	June 26,	1930	1930 Washington,	
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CIT	Y, TOWN	OR LOCAT	ION OF DE			JNTY OF I	-
OR	Holy Cro		spital				Silv	er S	prin	g	M	lontg	omery
ទួ	RESIDENCE OF DEC	10b. COUNTY	,		. 10c CII	TOWN	OR LOCA	TION					10d. INSIDE CITY
DIRECTOR	Maryland Montgomery							ring					LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	f, ZIP COD	-				WHAT COUNTRY?
9	800 Branti	ord Av							0904			USA	
	11. MARITAL STATUS  1 Never Married 2	Merried		YES 2				pecify Cub	en, Mexica	n, Puerto Rican, etc.)	ea or No-		E — American Indien, sk, White, atc. swy: White
ВУ	3 Widowed 4 Divo												
BE COMPLETED	(Specify onl	Y highest grade	completed)		OECEDENT'S (Give kind of Ille. Do NOT u	work done	during m	ION ost of world	ing	18b. KIND OF B	USINESS/IN	DUSTRY	
1	Elementary/Secondery (I	9-12)	College (1-4 or 5 4 years	+)	Elec	tric	al	Engi	neer	Litt	on Am	ecom	Division
ON	17. FATHER'S NAME (First, M	liddle, Last)						18. MOT	HER'S NA	ME (First, Middle, Maid	n Surname)		
E	Grafton H	Lee						Vio	let (	Greenwell			
TO B	19a. INFORMANT'S NAME (									Route Number, City or T			
۲	Anne C. I									ilver Spr			
/	20e. METHOD OF DISPOSIT  1X Burial 2 Crematic	on 3 🗆 Ram	oval from State	206. PLA other	r place)						OCATION -		
	4 Donation 5 Other		TENSEE /		Gale		Heaven Cemetery   Silver Spring, Md.						
- 1	10/1-11	16	1.1	- /		H	lines	/Rin	aldi	Funeral			
_	23. PART I. Enter the d	6	-4/1	sou	10000								Md. 20904
CATION	shock, or heert fellure. List only one ceuse on each line.  interval Between Onset and Death    Interval Between Onset and Death												
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):												
EDICAL													
MED													1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНІ		PLACE OF	DEATH (Ch	eck only one)			
YSI	1 □ YES 2 NO		1 Inpatient 2	☐ ER/Outpatien		4 🗆 N	ursing Ho		Residence	8 Other (Specify)			
	27. MANNER OF DEATH	Pending	28e. DATE O (Month,	F INJURY Day, Year)	26b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HO	V INJURY O	CCURED	
B	2 Accident 3 Suicide	Investigation	26e. PLACE	OF INJURY — A	t home, farm,	, street, fi				28f. LOCATION (Stre	et end Numb	oer or Rural	Route Number,
밑	4 Homicide	Could not be determined		, etc. (Specify)						281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) end manner as stated.												
	THE SIGNATURE AND TITL	E OF CHATIFIE	n e					29c. LI	CENSE NU	MBER	29d. D	ATE SIGNE	D (Month, Day, Year)
O BE	Some	57	ellun	- (	47.			3	27:	367	<b>•</b>	9/3	20/90
5	MAME AND ADDRESS O				(ITEM 27) (Typ	oe, Print)			-	SILVE			20910.
		12 C	SPELLY.			0	KER	אסזכ	37	SILVE	2 3	SPE	ing mo
	31. DATE FILED (Month, Day	1 '00		ha Davids		d. 00							
	L NLT 6	4 70	0	www tuck	The Mari	and the same							DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203

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'n	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 may be retained by the hospital or many than the properties of the prospital or many than the properties of the properties	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for 🖛	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 13146,	nted	E00	19	2
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	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DEPA CERTII	RTMENT OF		NTAL HYGIENE REG. NO.	90	2/608		
	1. DECEDENT'S NAME (First, Midgle, Lest)	Lee		2.	DATE OF DEATH DAY	Y_ 90 YEAR	3. TIME OF DEATH		
ı	4. SOCIAL SECURITY NUMBER 5. SEX 579 50 5379 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8. AGE (in yrs. lest birthday	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)  July 10,1939 Washington,					
N.	99. FACILITY NAME (If not institution, give street and it	number)	9b. CITY, TOWN	OR LOCATION OF DEATH	н	Sc. COUNTY OF DEATH			
i i	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY	10c. C	CITY, TOWN OR LOC				10d. INSIDE CITY		
DIRECTOR			ashingto				LIMITS? 1 X YES 2 NO		
FUNERAL	1305 Columbia Rd., N	.W. #301		10f. ZIP CODE 20009		10g. CITIZEN OF WHAT COUNTRY? United States			
BY FUN	1 Never Merried 2 Nr Merried FOR	B DECEDENT EVER IN U.S. ARMED ICES? 1 YES 2 XNO ES, GIVE WAR OR DATES	If yes,	ECENDENT OF HISPANIC apecify Cuban, Mexican, FES 2 NO Specify:		BI	ACE — American Indien, leck, White, etc. Pecify: Black		
COMPLETED		(Give kind of life. Do NOT	of work done during use retired.)	TION most of working	16b. KIND OF BUS				
MP	1.2	Supe	rvisor	48 MOTHER'S NAME	(First, Middle, Melden		iversity		
S	Francis DeSa	les Lee		10. MOTHER S NAME	Gertrude				
TO BE	19e. INFORMANT'S NAME (Type/Print)			et end Number or Rural Rou					
-	Cynthia Jackson 200. METHOD OF DISPOSITION			ia Rd., N.W.		ATION — City or	Your State		
	1 X Buriel 2 Cremetion 3 Removal from	n Stete other place)	- 200111000	emorial Ce		CANADO PORTO	, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2011-1	22. NAME	AND ADDRESS OF FACIL	.ITY		, , , , , , , , , , , , , , , , , , , ,		
	Jarvin 1	Harth		Georgia A			ton,D.C.		
1	23. PART I Enter the diseases, or complice spock, or heart fallure. List only		o not entar the	mode of dying, such a	s cardiac or respi	ratory arrest,	Approximata intarvai Batween		
	IMMEDIATE CAUSE (Final disease of condition resulting in death)	MULTIPLE SA CONSEQUENCE	fine	ı			Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Due TO (OR AS A CONSEQUENCE OF):  c. Due TO (OR AS A CONSEQUENCE OF):  d								
PHYSICIAN: MEDICAL	PART II. Other significant conditions contr	ibuting to death but not resulting	ng in the underly	ring cause given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ME					_   ′		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)							
SICI		PITAL: petient 3 = R/Outpetient 3 = DO/	OTHER:	Iome 5 - Residence 6					
ву РНУ	27. MANNER OF DEATH  1 Neturel 8 Pending Accident Investigation	9 15 9 7 7 3	INJURY	WORK?  YES 2 NO	Ha. DESCRIBE HOW I	- cary	helid fred > true		
	Suicide 8 Could not be 4 Homicide determined	Be. PLACE OF INJURY — At home, fer building, etc. (Specify)	m, atreat, fectory, c	ffice	City or Yown, State)	and Number of Au	rel Route Number,		
COMPLETED	CONDUCTORINY	the best of my knowledge, death occurs basis of examination end/or investig					se(e) end manner ee stated.		
TO BE O	290. SIGNAPTINE AND TITLE OF CENTIFIED	My My	Janes	DO 11	94	29d. DATE SIGN	NED (Morith, Day, Year)		
ř	30. NAME AND ADDRESS OF FERSON WHO SOMP	COLFER, M.	Type, Print) 2	013 Trufg	La Churce	L Rd Md	1. 21034		
	SEP 20 '90	COLFER M.S. REGISTRAR'S SIGNATURE Julia Davidson Ro	ndere						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notif

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last)	411-1	L			OF			REG. N 2. DATE OF DEATH			3. TIME OF DEATH
Walka L	ucket							МОНТН	O	90	5:38 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. lest	hirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			LACE (State or Foreign
271228146	1 - M 2   F	(0)	3 YRS.	MONTHS	DAYS	HOURS	MINN.	3 141	23	NOD'	TH CAROLIN
9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE	EATH	9c. CO	UNTY OF DE	
SUBURBAN HOSPI	TAT			DE	THES	A.C.S			١,	DDTNC	E CEODCE
RESIDENCE OF DECEDENT	IAL			DE	Hills	אענ				PRINC.	E GEORGE
10a. STATE MARYLAND PRINCE GEORGE 10c. CITY, TOWN OR LOCATION BETHESDA										10d. INSIDE CITY LIMITS? 1 YES 2 NO	
100. STREET AND NUMBER 5721 GROSVENOR	LANE				10f	. ZIP CODE	034			S.A.	HAT COUNTRY?
11. MARITAL STATUS	12 WAS DECEDEN	T EVER IN U.S. ARI	MED	1 49	WAR DEC			NIC ORIGIN? (Specify 1			American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 N			If yes, sp		n, Mexica	n, Puerto Rican, etc.)	185 OF 140	Specify	
15. DECEDENT'S EDU		18a. DE6	CEDENT'S	USUAL O	CCUPATIO	ON .		16b, KIND OF E	USINESS/IN	BIA(	
(Specify only highest grade Elementary/Secondary (0-12)		(GA	ve kind of a Do NOT us	work done	during mo	at of working	g				
1 1	College (1-4 or 5		m am r					Dr.	TALASTI	LIONE	
17. FATHER'S NAME (First, Middle, Last)		1 DOM	ESTI			18 M/171	ER'S NA	ME (First, Middle, Maid		HOME	SID
						0.0					
CLYDE HARRIS  19a, INFORMANT'S NAME (Type/Print)		T	MAII MAI	ADDOCC	B /04			ARET BRYA		The Code's	
IN. INFORMANT S NAME (Typerfile)					111			200	OW71, STB10, Z	up Code)	
STEPHANTE WELLS									221		
20e. METHOD OF DISPOSITION  X Burial 2 Cremation 3 Rem	oval from Btate	20b. PLACE ( other pla	OF DISPOS ICO)	SITION (Na	ime of cen	netary, cren	netory or	20c.	LOCATION -	- City or Tov	vn, State
4 Donation 6 Other (Specify)		HARM	ONY						ANDO	ER. N	4D.
21. SIGNATURE OF FUNERAL SERVICE LI	LENSEE /			22.			NE FI	CILITY UNERAL HO RANKLIN STRI RIA, VIRGINIA	EET	C.	
23. PART I. Enter the diseases, or	complications the	t caused the de	ath. Do i	not enter	the mo					rrest,	Approximate
shock, or heart failure.	List only one cau	ise on each line									Onset and De
IMMEDIATE CAUSE (Final disease or condition		Car	~	CD			01	The	uda		
resulting in death)	a. OUE TO	(OR AS A CONSEC	DIENCE O	E	<u></u>	-		1.00		043	
	552 10	(OII AD A CONSEC	2021102 0	. ,.				9			i
Sequentially list conditions,	b	(OR AS A CONSEC	HENCE O	D:							
if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OH AS A CONSEC	JUENCE U	T):							i
CAUSE (Disease or Injury	C	(OR AS A CONSEC	MENCE O	<b>D</b> .							
that initiated events resulting in death) LAST	002 10	(OH AS A CONSEC	JUENCE O	4-):							
	d	-									
PART II. Other significant condition	na contributing to	death but not n	esulting	in the u	nderlyin	g cause	dven in	Part I. 24a. WAS	AN AUTOPS	Y 24b.	WERE AUTOPSY FINDIN
								PERF	ORMED?		<b>MAILABLE PRIOR TO COMPLETION OF CAUS</b>
								1 TYES	2 🗌 NO		OF DEATH?
								I			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	,		-		LACE OF D	EATH (C	neck only one)			
1 TES A NO		ER/Outpatient 3	□ DOA	4 Nu		10 5 🗆 R	eldence	6 Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF (Month, L		26b. TIN	ME OF JURY M	WC	URY AT ORK?	NO	28d, DESCRIBE HO	W INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be determined		OF INJURY — At ho, etc. (Specify)	ome, farm,	street, fac	tory, offic	20		281. LOCATION (Stre City or Town, Str		per or Rural R	louie Number,
29a, CERTIFIER										_	
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	ICIAN: To the best of	f my knowledge, de	eth occur	red at the	time, date	and place	, and du	s to the cause(s) and	manner as s	tated.	
CHACK CHAY											
(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of s	stamination and/or	investigati	on, in my	opinion, c	death occu	red at the	time, date and place,	and due to	the cause(s)	and manner as state
one)		examination and/or	investigati	on, in my	opinion, c		red at the ENSE NU	THE STATE OF THE STATE OF			) and manner as state (Month, Day, Year)
orie) 2 MEDICAL EXAMIN		examination and/or	investigati	on, in my	opinion, c			THE STATE OF THE STATE OF			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be refer	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 straight and making the state of the funeral director, page 5 straight and Mental Hydiene prior to burial cremation or remonal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi

FOR 1 - STATE REGISTRAR		/ DEPARTMENT OF CERTIFICATE O		MENTAL HYGIENI REG. NO.	E 9	0 27610
1. DECEDENT'S NAME (First, Middle, Las	N CARLTON			2. DATE OF DEATH MONTH DA	3 90	
4. SOCIAL SECURITY NUMBER 067–50–8563	5. SEX 1 M 2 F 6. AGE (in yrs. is	YRS. MONTHS DAY	8 HOURS MIN.	7. DATE OF BIRTH	7/	BIRTHPLACE (State or Foreign Country) New York
9a. FACILITY NAME (If not institution, gh	allock Rd	PANA	N OR LOCATION OF DE	ATH	PHING	ce George
10a. STATE 10b. COU	INCE GEORGE	LANNA!				10d. INSIDE CITY (JMITS?
10e. STREET AND NUMBER  9605 GOOD  11. MARITAL STATUS  1. Movement Married 2 Married	LUCK ROAD		10f. ZIP CODE 20706			of what country? ed States
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES		DECENDENT OF HISPANI , specify Cuban, Maxican YES 2 NO Specify:	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S E (Specify only highest gr 12 Years 17. FATHER'S NAME (First, Middle, Lest) 19. Pichard W. Too	College (1-4 or 5+)	DECEDENT'S USUAL OCCUPY. (Give kind of work done during life. Do NOT use retired.)	ATION most of working	16b. KIND OF BUS	SINESS/INDUS	ТЯ
17. FATHER'S NAME (First, Middle, Lest) Richard W. Lea	vitt			ME (First, Middle, Melden Keister	Surname)	
Richard W. Le	avitt	19b. MAILING ADDRESS (Stre Same as #	10	loute Number, City or Town	n, Steta, Zip Cod	de)
29s. METHOD OF DISPOSITION 1-1 Burlel 2 Cremation 3 R 4 Donation 6 Other (Specify)	DeRi	CE OF DISPOSITION (Name of place)  11yter Cemete	rv	Del	Ruyter	or Town, Stata , New York
21. SIGNATURE OF FUNERAL SERVICE	V. B aqua		e año appress de fac gwardt fur 10 Powder M			lle, Md. 2070
23. PART I. Enter the diseases, ahock, or heart failured immediate Cause (Final disease or condition resulting in death)	or complications the caused the cre. List only one cause on each list.  a. GUNSHOT DUE TO (OR AS A CONS	Woun			Iratory arrest	Approximata Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	b. DUE TO (OR AS A CONS					
DART II Other elevitions and	dd.	it resulting in the underi	ying cause given in	Part I. 24e. WAS AN PERFOR	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 M YES 2 NO  27. MANNER OF DEATH				1   YES 2	NO NO	OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   inpetient 2   ER/Outpetient	OTHER:	B. PLACE OF DEATH (Che			<u> </u>
2 Accident investigation	28e. PLACE OF INJURY - At	INJURY M 1	INJURY AT WORK?  YES 2 NO	284. DESCRIBE HOW I		
3 Suicide 6 Could not determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	building, etc. (Specify)			City or Town, State)	)	THE BL. I POLICE STATE FORMS
	MINER: On the basis of examination and/o		on, death occured at the	time, data and place, an	nd due to the c	
296. SIGNATURE AND TITLE OF CERTIFICATION  30. NAME AND ADDRESS OF PERSON	elul Exa	3 miner	29c. LICENSE NUM	352	≥ 9/	PANED (Month, Day, Year)

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BALTIMORE, MARYLAND 21203-3146

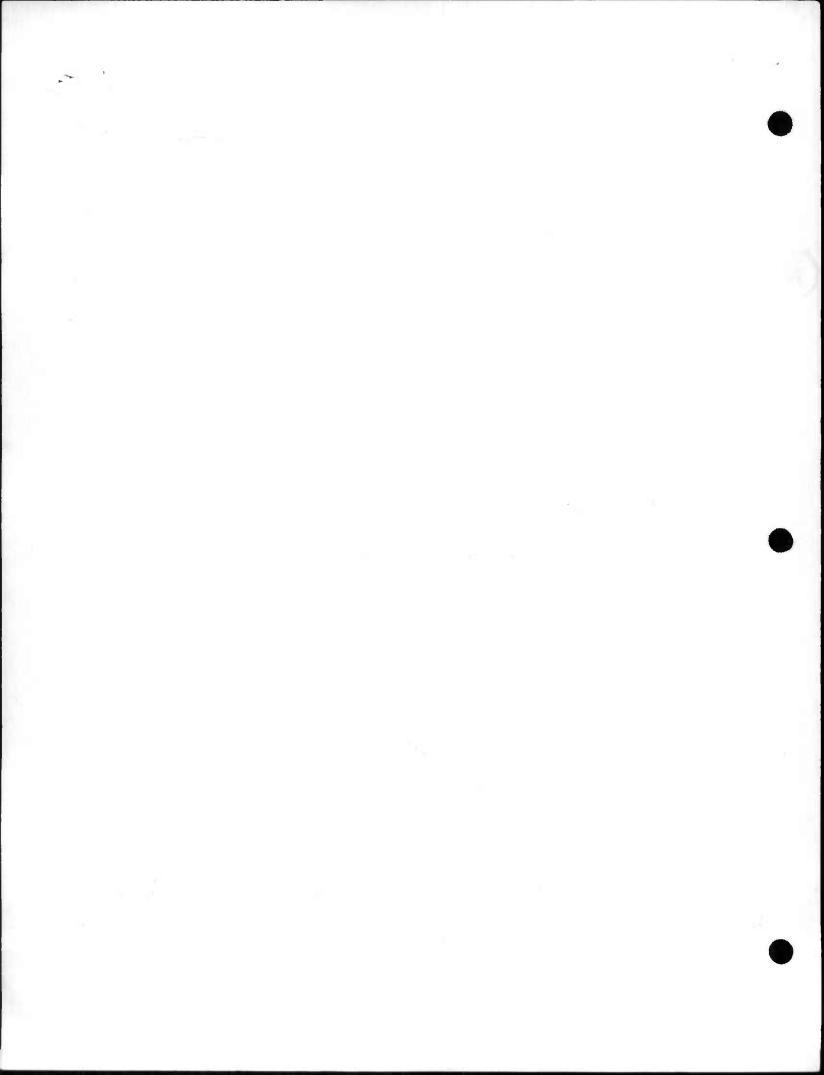
Pages 1, 2, 3 should

	1 - STATE OF MARYLAND A		MENT OF H		MENTAL HYGIEN REG. NO	E 9	0 2/611	
	DECEDENT'S NAME (First, Middle, Leet)     NORMAN M. LAMP				2. DATE OF DEATH MONTH Sept. 2	, 19§	3. TIME OF DEATH 2:27 A.	
	2200-10-0592 S. SEX 8. AGE (in yrs. In XX) M 2   F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 10-12-19	10	BIRTHPLACE (State or Foreign Couple)	
OR	9e. FACILITY NAME (If not institution, give street and number) St. Joseph's Hospital (DOA)	91	Baltim	R LOCATION OF DE	ATH	9c. COUNTY Balt	of DEATH Limore City	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY							
P.	MD Allegany	llegany Cumberland						
FUNERAL	818 Mt.Royal Avenue		USA	OF WNAT COUNTRY?				
BY	11. MARITAL STATUS  1 Never Married 2 Merried  2 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AMFORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	rried 2 Merried FORCES? 1 YES 2 AND If yes, specify Cuban, Mexican, Puerto Rican, et					RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade completed) (C	Give kind of world a. Do NOT use n	ual occupation do done during monetimed.)	at of working	16b. KIND OF BU		Ingineers	
	17. FATHER'S NAME (First, Middle, Last) Alxander M. Lamp				ME (First, Middle, Melden ca (nmn)	Surneme)		
TO BE	Mrs. Elizabeth W. Lamp	B18 Mt.	Royal	nd Number or Rural F Avenue	Cumber City or Tow Cumberland	n, State, Zip Coo	1502	
	20a. METHOD OF DISPOSITION   20b. PLACE	of dispositi	on (Name of cer porial	netery, cremetory or Park	20e. Lo Cun	cation — chy berlan	or Town, State d, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	li	Cumb	erland, 1				
	23. PART I Enter the diseases, or complications that caused the disease or cause on each lining in death)  23. PART I Enter the diseases, or complications that caused the disease or cause on each lining in death)	eath. Do not	anter the mo	nde of dyling, auc	h as cardiac or resp	iratory arrest	Approximate Interval Batween Onset and Daath	
ATION	Sequentially list conditions . Massing	EOUENCE OF:	Meno					
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	EOUENCE OFF.	ywy					
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but not	resulting in	the underlyin	g cause given in	Part I. 24a. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 PRO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		THER:	ACE OF DEATH (Ch				
PHYS	1 Panding 2 No 1 inpetient 2 ER/Outpetient  28. DATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. IN.	URY AT	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED	
red BY	2 Accident Investigation  2 No Pending  M 1 YES 2 NO  28 PLACE OF IN HIPY At home from stead factory office.  28 PLACE OF IN HIPY At home from stead factory office.						Rural Route Number,	
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, one medical examiners on the best of examination and/o						suse(s) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF SHATEFIER	7		DIGO	MBER H	29d. DATE 9	IGNED (Month, Dey, Year)	
2	30. NAME AND APPRESS OF TERSON WHO COMPLETED CAUSE OF REATH OF	Ft3I ^m Me	dical	Bldg, Cu	mberland,	MD 215	502	
	31. DAYS EN BY MY DEPOS OF DESTROYS AND DESTROY AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROY AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROY AND DESTROYS AND DESTROY AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROYS AND DESTROY	2						

TYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician	inficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and co	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE 90	27
_	2. DATE OF DEATH	3. TIME

	FOR STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPAR CERTIF	RTMENT	OF H	DEA	AND I		REG. NO.	9	0	27612	
	1. DECEDENT'S NAME (First, JUSTIN WAYN		DIG							2. DAT MON	E OF DEATH	7/	98	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB NONE	ER	5. SEX 1 X X 2 ☐ F	8. AGE (In yrs. lest birthday, 2  F 4 YRS.			DAYS	HOURS	24 HRS. MIN.	7. DAT (Mo	E OF BIRTH	BIRTHPLACE (State or Foreign Country)     MARYLAND			
œ	9a. FACILITY NAME (If not in							RLAN		EATH			JNTY OF		
6	SACRED HEART HOSPITAL RESIDENCE OF DECEDENT												ALLE		
DIRECTOR	PA BEDFORD HY					NDMAN		TION						10d. INSIDE CITY LIMITS? 1 YES 2XXNO	
FUNERAL	100. STREET AND NUMBER						10	. ZIP COD						WHAT COUNTRY?	
밀	R D 1, BOX	80	10 WAS DECEDED	T EVED IN III	P A MARCO	142.4	MS DE	215		UC OBIC	IN? (Specify Yea		SA	* American tedion	
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 THO IF YES, GIVE WAR OR DATES				NO	H	yes, sp		ın, Mexice	n, Puert	o Ricen, etc.)	or No—	1000	CE — American Indian, ck, White, etc. chy: TE	
COMPLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU- highest grade	CATION completed) College (1-4 or 5		(Give kind of the Do NOT L NONE	work done d	CUPATE luring mo	ON ost of world	ing	14	Sb. KIND OF BUS	SINESS/IN	DUSTRY		
MP	0				NONE					$\perp$					
BE CO	JERRY W.	LEYD	IG								, Middle, Malden VENTLIN				
2	JERRY W.		IG								PA 155		(ip Code)		
	20a. METHOD OF DISPOSITION 1 A Burial 2 Cremeto	n 3 🗆 Ram	oval from State		ACE OF DISPO				metory or			20c. LOCATION City or Town, State RD, BUFFALO MILLS, PA			
	4 Donation & Other  21. SIGNATURE OF FUNERA		DENSER	- 11	1000	22. 1	NAME A	ND ADDRE			ER FUNE				
	IMMEDIATE CAUSE (Fir disease or condition	eert feilure.	List only one ce	use on each	line.	not enter	the mo							15545-0636 Approximate Interval Between Onset and Deat	
disease or condition resulting in death)  a. ACULE U. R. I.  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  a. ACULE U. R. I.  DUE TO (OR AS A CONSEQUENCE OF):															
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PREFORMED? 1 YES 3452 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO														
CIAN	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	heck only	one)				
YSI	1 D YES 2 NO		1 inpetient 2			4 🗆 Nun	aing Ho		Realdence	T	ther (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Neturel 8  2 Accident	Pending Investigation													
	3 Suicide 8 Homicide	Could not be determined									OCATION (Street Ity or Town, State)		er or Rura	I Route Number,	
COMPLETED	CHECK OTHY		ICIAN: To the best of											o(a) and manner as stated.	
	29b. SIGNATURE AND TITLE	OF CERTIFIE	n//					29c. LI	CENSE NU	IMBER		29d. D	ATE SIGNI	ED (Month, Day, Year)	
TO BE		231	over	u	~	5 4		P	08	37	7	•	9. :	27-90	
F	DR. VELAND	/	924 SETO			oe, <i>Print)</i> JMBER	LANI	O MI	) '	2150	2				
	31. DATE FILED (Month, Day	11 qu	la Davidson				-Je AL ()	- 111							



or speeding physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be used of second the mental transit permit.	,	- 1
lay be retained by the form	page 5 should be deported		t be notified at once
nours after death. Page 6 n	led in by the funeral director.	i, or removal.	medical examiner mus
ficate be executed within 24	physician and completely fill	ne prior to burial, cremation	er traumatic event, the
equires that the death certif	en signed by the attending	of Health and Mental Hygier	hows any injury, or oth
ING PHYSICIAN: The law ri	After this certificate has been	leath with the State Dept. of	marked, or Item 23 s
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the major of the hospital of the hospit	THE FUNERAL DIRECTOR: /	be fied within 72 hours after death with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at most

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 41203-3146

Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First,	Middle, Last)		A. "					2. DATE OF MONTH	DEATH DAY	,	YEAR	3. TIME OF DEATH
	CHARLES RIC		LACKEY .	C. P. C.					8		28	90	8:34 AM
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF (Month, D			Country	
	136-30-3009		1 M 2 □ F	51	YRS.					2/39			Jersey
~	9a. FACILITY NAME (If not in							OR LOCATION OF DE	EATH			NTY OF DI	EATH
ᅙ	Union Hospi		Cecil C	Σ.		EIK	ton	, Md.			Cec	211	
E I	10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION					TION					10d. INSIDE CITY LIMITS?		
0	Maryland	Ceci]			C	ecilt	on						1 - YES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER							I. ZIP CODE			10g. CIT		HAT COUNTRY?
	RD 1 Box 313							21913				USA	
BY FU	11. MARITAL STATUS  1 Never Married 2 3 Never Married 4 Divo		FORCES? 1	NT EVER IN U.S. AR I YES 2 WI MAR OR DATES		1	f yes, sp	CENDENT OF HISPAI Hecity Cuban, Maxica 1 2 NO Specifi	in, Puerto Rica		or No—		- American Indian, , White, etc. ): White
	15. DEC	EDENT'S EDU y highest grade	CATION	16a. DE	CEDENTS	USUAL O	CUPATI	DN	16b. Kil	ND OF BUS	INESS/INI	DUSTRY	W222.00
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)				est of working					
MP	1.0			Br	rick	Laye:	r		C	onstr	ucti	on	
COMPLETED	17. FATHER'S NAME (First, M							16. MOTHER'S NA			Surname)		
BE		yton I	Lackey						yn Str				
2	19a. INFORMANT'S NAME (		1					and Number or Rural			, State, Zij	Code)	
	Katie Lacke		laughter(					ilton, Mo					
	1 Donation 5 Other	n 3 🗆 Rem (Specify)		other pl	acel	Crem	ato	ry		Dove		city or Too	wn, State
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE					ows Fune		me			
- 1	Lary	BI	1//11/5								ingt	on.	Md. 21651
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING Iry	с	O (OR AS A CONSE	OUENCE C	PF):		le pos	(	7	*		
AL CER	PART II. Other significa		d	deeth but not	resulting	in the un	derlyln	g cause given in	Part I. 24	Ia. WAS AN		24b.	WERE AUTOPSY FINDINGS
					sone		`		_   '	YES 2	SCHO		COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Y Y	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF DEATH (C)	neck only one)				
	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	W/DOA	OTHER 4   Nur		ne 5 Residence	6 Char (5	Concetted			
PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE O		28b. TII		28c. IN.	JURY AT	28d. DESCR		NJURY OC	CURED	
ED BY	2 Accident	Investigation Could not be determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fact		YES 2 NO	281. LOCATI City or	ON (Street a Town, State)	ind Numbe	or or Rural F	noute Number,
COMPLETED	tomoun only		21-27-11-1503					a and place, and due death occured at the					) and manner as stated.
ш	296. BIGNATURE AND TITLE	Oy/CESTIFIE	R J.A	A				290 LICENSE NU	MBER		29d. DA	TE SIGNED	(Moreth, Day, Year)
00	Vogta A	151	u MD	Don	t	ME		0/2/	92		1	128	190
2	30. NAME AND REGORDS O	PA	STA	USE OF DEATH ATE	M 27) (Typ	o, Print)	2-	, ,			/	7	
	31. DATE FILED (Month, Day,	90	32. REGISTA	AN STORYTURE	Rand	02							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Page 16 miled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

BY

BE COMPLETED

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90 27614 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leet) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LUCAS HELENE VIVIAN 230 6. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH DAYS HOURS 1 M 2 F YRS. 219-12-3775 6.191 Maryland May 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1017 Kensington Drive Anne Arundel Annapolis 10b. COUNTY 10d. INSIDE CITY LIMITS? 10e. STATE 10c. CITY, TOWN OR LOCATION Maryland Anne Arundel Annapolis 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1017 Kensington Drive 21403 .S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NG 13. WAS DECENDENT OF HISPANIC GRIGIN? (Specify Yee or No-if yee, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Married Specify: White IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: 3 ₩ Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

12		Car	eteria		P1	ublic Sch	LOOLS
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		dle, Maiden Surname)	
Hezakiah T	hompson			Helen	ne Su:	it	
e. INFORMANT'S NAME (Type/Print)		19b. MAILH	NG ADDRESS (Street	et and Number or Rural	Route Number,	City or Town, State, Zip Co	ode)
Carolee Lippo	lis	10	17 Ken	sington	Driv	e. Annapo	lis MD 214
sa. METHOD OF DISPOSITION  Surial 2 Cremation 3 Rem	oval from State	Ob. PLACE OF DISP	POSITION (Name of	cemetery, cremetory or		20c. LOCATION — City	y or Town, State
□ Donasion 5 □ Oshar (specify)	201	Cedar		Cemetery		Annapol	is, MD
BIGNATURE OF FUNDINAL SERVICE LI	11			or Funer		hanal	21401
yeffyx.	Tayto					St. Annan	
3. PART I. Enter the diseases, or	complications that caus	ed the death. De					t, Approximate
MMEDIATE CAUSE (Finel	List only one cause on	eech lina.		ħ	2,767		Interval Between Onset and Das
ilseese or condition	- Aeril	1 Rus	10V797	all Jai	elica	- (	
suiting in death)	DUE TO (OR AS	S A CONSEQUENCE	OF):			7	
	· Chia	MIC	145/21	11.517 -	7-10	dece	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	S A CONSEQUENCE	OF):			· Marie	- 7
cause. Enter UNDERLYING CAUSE (Disease or Injury	a Chun	100	Street	met y	uli	1 631 360	1-1-1
	DATE TO 40 A	S A CONSEQUENCE	OE:				
hat initiated events	DUE TO (OH A:		. Or j.				
hat initiated events esuiting in death) LAST	d	but not resultin		ring ceuse given in		4a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE
hat initiated events resulting in death) LAST	d	but not resultin		ring ceuse given ir			AVAILABLE PRIOR TO
PART II. Other algnificant condition	d	n but not resultin	ng In the underly		_   '	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition  s. WAS CASE REFERRED TO MEDICAL EXAMINER?	dne contributing to death	lites	g in the underly	, PLACE OF DEATH (C	theck only one)	PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG	HOSPITAL: 1   Inpetient 2   ER/O	outpatient 3 DOA	26 OTHER:	. PLACE OF DEATH (C	Sheck only one)	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Netural 5 Pending	de contributing to death HOSPITAL: 1   Inpution: 2   ER/O	outpatient 3 DOA	28 OTHER:	, PLACE OF DEATH (C	Sheck only one)	PERFORMED?  YES 2 NO  Specify)	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   ER/O 28a. DATE OF INJUR (Month, Day, Year	butpatient 3 DOA	26 A OTHER: A   Muraing   TIME OF   INJURY M   1 [	PLACE OF DEATH (Clome 6 Residence Injury AT WORK?	Sheck only one)  6 Other (3  28d. DESCR	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OCCUR  ION (Street and Number or	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant condition  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YEB 2   NG  7. MANNER OF DEATH  1   Netural 5   Pending investigation	HOSPITAL: 1   Inputient 2   ER/O  28a. DATE OF INJUR (Month, Day, Year	butpatient 3 DOA	26 A OTHER: A   Muraing   TIME OF   INJURY M   1 [	PLACE OF DEATH (Clome 6 Residence Injury AT WORK?	Sheck only one)  6 Other (3  28d. DESCR	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINERY 1   YEB 2   NG  7. MANNER OF DEATH 1   Retural 5   Pending Investigation 2   Accident 3   Suicide 6   Could not be determined  9e. CERTIFIER	HOSPITAL: 1   Inpatient 2   ER/O 28a. DATE OF INJUR (Month, Day, Year building, etc. (S)	outpatient 3 DOA  NY 28b. 1  JRY — At home, ferr	28c. INJURY M 1 [m., street, factory, o	PLACE OF DEATH (Clome & Residence Injury AT WORK? YES 2 NG	ineck only one)  6 Other (3  28d. DESCR  28f. LOCATI City or	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OCCUI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  90. CERTIFIER (Check only)  1 CERTIFYING PHYS	HOSPITAL: 1   Inpertent 2   ER/O 28a. DATE OF INJUR (Month, Dey, Year 28c. PLACE OF INJUR building, etc. (S	outpatient 3 DOA  NY 28b. 1  JRY — At home, ferr	OTHER:  A   A   Nursing    TIME OF    INJURY M   1    Im, street, fectory, or	PLACE OF DEATH (Clome 6 Residence INJURY AT WORK? YES 2 NG	theck only one)  6 Other (3  28d. DESCF  28f. LOCATI City or	PERFORMED?  YES 2 NO  Specify)  RIBE HOW INJURY OCCUI  ION (Street and Number or Town, State)	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 4 Homicide Could not be determined  90. CERTIFIER (Check only Orie)  2 MEDICAL EXAMINICATION	d	outpatient 3 DOA  NY 28b. 1  JRY — At home, ferr	OTHER:  A   A   Nursing    TIME OF    INJURY M   1    Im, street, fectory, or	PLACE OF DEATH (Colome 6 Residence INJURY AT WORK? YES 2 NG	281. LOCATI City or the to the cause to the cause te time, data or	PERFORMED?  YES 2 NO  Specify)  ION (Street and Number or Town, State)  (e) and manner as stated and place, and due to the desired in the state of t	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RED  Rural Route Number,  cause(s) and manner se stated.
ART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  90. CERTIFIER (Check only One) 2 MEDICAL EXAMINICATION  2 MEDIC	d	outpatient 3 DOA  NY 28b. 1  JRY — At home, ferr	OTHER:  A   A   Nursing    TIME OF    INJURY M   1    Im, street, fectory, or	PLACE OF DEATH (Clome 6 Residence INJURY AT WORK? YES 2 NG	281. LOCATI City or the to the cause to the cause te time, data or	PERFORMED?  YES 2 NO  Specify)  ION (Street and Number or Town, State)  (e) and manner as stated and place, and due to the desired in the state of t	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RURAL Route Number,
PART II. Other algnificant condition  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 6 Could not be determined  4 Homicide Decentifier (Check only One) 2 MEDICAL EXAMINION  9b. BIGNATURE AND TITLE OF CERTIFIER	HOSPITAL:  1 Inpatient 2 ER/O  28a. DACE OF INJUR (Month, Day, Yes)  28a. PLACE OF INJUR building, etc. (S)	outpatient 3 DOA  TY 28b. 1  JRY — At home, ferr howledge, death occ ation and/or investig	28c. INJURY M 1 [mm, street, factory, of attion, in my opinion	PLACE OF DEATH (Colome 6 Residence INJURY AT WORK? YES 2 NG	281. LOCATI City or the to the cause to the cause te time, data or	PERFORMED?  YES 2 NO  Specify)  ION (Street and Number or Town, State)  (e) and manner as stated and place, and due to the desired in the state of t	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RED  Rural Route Number,  cause(s) and manner se stated.
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PART II. Other algnificant condition  5. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YEB 2 NG  7. MANNER OF DEATH  1 Televral 5 Pending Investigation 2 Accident Investigation 3 Sulcide 6 Could not be determined  90. CERTIFIER (Check only One) 2 MEDICAL EXAMINI  90. BIGNATURE AND TITLE OF CERTIFIER  10. NAME AND ADDRESS OF PERSON WI	HOSPITAL:  1 Inpatient 2 ER/O  28a. DACE OF INJUR (Month, Day, Yes)  28a. PLACE OF INJUR building, etc. (S)	DEATH (ITEM 27) (7)	28c. INJURY M 1 [mm, street, factory, of attion, in my opinion	PLACE OF DEATH (Colome 6 Residence INJURY AT WORK? YES 2 NG	281. LOCATI City or the to the cause to the cause te time, data or	PERFORMED?  YES 2 NO  Specify)  ION (Street and Number or Town, State)  (e) and manner as stated and place, and due to the desired in the state of t	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  RED  RED  Rural Route Number,  cause(s) and manner se stated.
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating with the important; if them 28 is marked, or item 23 shows any injury, or other traumatic event, it	
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		FOR STATE REGISTRAR		STATE OF N	MARYL					EALTH AND I	MEN	TAL HYGIEN REG. NO		90	2761	15
		1. DECEDENT'S NAME (First,	Middle, Last)			4 4	-					ATE OF DEATH	NY.	YEAR	3. TIME OF DEATH	
		FRNEST	INE		PRT		T		-			9-11	9 -	90	47	М
		4. SOCIAL SECURITY NUMB	ER	5. SEX			vrs.	IF UNDER 1 YE	AR W8	IF UNDER 24 HRS. HOURS MIN.	(4	ATE OF BIRTH fonth, Day, Year)		Country)		gn
		99, FACILITY NAME (If not in	stitution, give s	47		84		9b. CITY. TO	WN OI	R LOCATION OF DI		LY 14, 1		ARKAN		_
	۳ ا	UNIVERSITY								SPRING				NTGOM		
	5	RESIDENCE OF DEC					100 CITY	TOWN OR L							10d. INSIDE CITY	
	DIRECTOR	MARYLAND		GOMERY			3-12	ER SE							LIMITS?	0
		10e. STREET AND NUMBER	HONT	GOPIERT			DITTI	ER SI		ZIP CODE			10g. CIT		HAT COUNTRY?	_
	FUNERAL	1117 DRYDEN	STREE	T						20901				USA		
	5	11. MARITAL STATUS		12. WAS DECEDEN						ENDENT OF HISPAI			or No-	14, RACE	- American Indian, White, etc.	
	E I	1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE V						2 NO Specif		,		Specify WHI		
	8	15. DEC	EDENT'S EDU	CATION				JSUAL OCCU				16b. KIND OF BU	SINESS/INI		. 1 E	
	4	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	+)	life.	Do NOT use	ork done during retired.)	y mos	it or working						
.2	3	12					HOUSE	EWIFE								
3.3	2	17. FATHER'S NAME (First, M										irst, Middle, Maiden				
. 1	BE	EUGENE HENR		S		191	. MAILING	ADDRESS (S	mer ac	LAURA M		DE THOME	W 17 A 1	n Code)		_
be notified	2	RICHARD L.		(SO	N)										AND 2090	11
ed tr		20s. METHOD OF DISPOSIT	ION				OF DISPOS			etery, cremetory or				City or Tow		
r must		4 ☐ Donation 5 ☐ Other	(Specify)		_ 0/			METER	_				CICEL	LO. A	RKANSAS	
mine		21. SIGNATURE OF FUNEDA	SERVICE LIC	CENSEE						IS J. CO			TAG	HOME	TNC	
exa exa		1920	2400	13,5										-	MD. 2090	)1
or removal. medical examiner		23. PART i. Enter the d	aart feilure.	omplications the	t caused use on e	the de	ath. Do n	ot enter the	mod	de of dying, suc	ch ss	cardiac or resp	iratory ar	rest,	Approximate interval Bety	
		iMMEDIATE CAUSE (Fir	nei	0		1.0		21-1	0	cf					Onset and D	eath
event, the		resulting in desth)	<b>→</b>	s. DUE TO	L PO	CONSE	OHENCE OF	W I		31-						
c ev	_				UD	Cr	Ka	de	n	ed					Dow	1
giene prior to burla other traumatic	흔	Sequentially list condit if sny, leading to imme	diate	DUE TO	(OR AS A	CONSE	WENCE DE	li.	-	we					David	)
prior	S	CAUSE (Disease or Inju		c /-	en	u	J	ai	u	we					Jags	
ygien othe	RTIFICATION	that initiated events resulting in death) LAS	т	A	Thi	DA	A C	de	11	w					(100)	1
Iry, or	E		_	d	1113	- / (	) ) .	1							+7	_
and Mental Hygiene prior to burial, y injury, or other traumatic ev	AL.	PART II. Other significa	ent condition	ns contributing to	death b	ut not r	esulting i	n the unde	rtying	cause given in	Part	I. 24a. WAS AN PERFO			WERE AUTOPSY FIND AVAILABLE PRIOR TO	)
	EDIC									_		1 TYES	NO D		OF DEATH?	/ac
of Health	Σ														1 YES 2 NO	,
Dept.	A	25. WAS CASE REFERRED T	O MEDICAL						28. PL	ACE OF DEATH (C)	heck or	nly one)				
State (	SICI	EXAMINER?		HOSPITAL:	☐ ER/Outp	etlent 3	□ DOA	OTHER:	Home	e 5 🗆 Residence	6 🗆	Other (Specify)				
ith the	РНҮ	27. MANNER OF DEATH		26a. DATE Of (Month, I	F INJURY Day, Ybar)		28b. TIMI	E OF 28	c. INJU	URY AT RK?	284	DESCRIBE HOW	INJURY OC	CURED		
marked,	BY	1 Natural 5  Z Accident	Pending Investigation							ES 2 NO						
after de 28 Is	ED	3 Suicide 6 1	Could not be determined	28e. PLACE ( building	otc. (Spec	— At ho	me, farm, s	treet, factory	office		281.	LOCATION (Street City or Town, State		or or Rural Ro	oute Number,	
hours after death with the State Dept. of Health item 28 is marked, or item 23 shows ar	Ē	290. CERTIFIER									_					_
2 =	COMPL	(Check only		ER: On the basis of											and manner as stat	led.
be filed within	E CO	29b. SIGNATURE AND TITLE			0					29c. LICENSE NU					(Month, Day, Year)	_
be filed	00	John	VFC	one h	N					002	-1	32	D 1	9/20	190	_
0 =	임	30. NAME AND ADDRESS O	F PERSON WE	O COMPLETED CAL	ISE OF DE	ATH (ITE	M 27) (Time	Drint)	_	1 1	Λ	- 1		/	10	19

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

) 0 (+W L FORD MD 12 520 Print)

31. DATE FILED (MONTH, Day, Your) 32. REGISTRAR'S SIGNATURED Julia Savidson-Randelle.

Ballar I I

BALTIMORE, MARYLAND 21203

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DIVISION	

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		TMENT OF			YGIENE EG. NO.	90 27	616
	1. DECEDENT'S NAME (First, Middle, Last) DOIR IS JONE.					2. DATE DF	DAY / 7	YEAR 3. TIME OF DE	m m
	4. SOCIAL SECURITY NUMBER 579 44 6223  98. FACILITY NAME (If not institution, give str	6. SEX 1 M 2 F 6. AGE (In yrs.	iast birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF E (Month, Da	2 8 × 10 ar)	8. BIRTHPLACE (Sign) or Countr South  Carolina  INTY OF DEATH	Foreign
тов	4 N SUMMIT				HERS		115.10	NYGOMET	RY
_ DIRECTOR	10a. STATE 10b. COUNTY  M D MOA  10e. STREET AND NUMBER	VT GOMERY			SBUR Of, ZIP CODE	6	Local	10d, INSIDE C LIMITS? 1 YES 2	□ ND
FUNERAL	4 N. Sumn	17. WAS DECEDENT EVER IN U.S.	ARMED		CENDENT OF HISPA			USA	
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes, i	pecify Cuben, Mexic S 2 NO Spec	an, Puerto Rica		Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1/12	Completed) College (1-4 or 5 +)	(Give kind of a life. Do NOT us	usual occupativork done during rise retired.) y Handi	ost of working	16b. KIN	ID OF BUSINESS/IN	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Truman A. Thorse	on				ame (First, Midd na C. J	le, Malden Surname) Jones		
TO B	196. INFORMANT'S NAME (Type/Print)  Leona C. Thorso:	n			and Number or Rura			ip Code)	
	20a. METHOD OF DISPOSITION  1	oval from State office	r place)	edar Hi	emetery, cremetory or 11 Cemet	ery		or Town, State	
	21. SIGNATURE OF BONEBAL BERVICE US	Kineble			s/Rinald		) New Har	np.Ave.S.S.	Md.
	IMMEDIATE CAUSE (Final	omplications that caused the List only one cause on each 1  a. OVER DOSE  DUE TO (OR AS A CON	ine.					Interva	Between and Death
NO	Sequentially list conditions,	DUE TO (OR AS A CON							
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON							
AL	PART II. Other algnificant condition	a contributing to death but no	ot resulting	in the underly	ng cause given i		e. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?	OR TO
AN: MEDIC								1 🗆 YES 2	□ NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	-	OTHER: 4   Nursing H	PLACE OF DEATH (	e 6 🗆 Other (S			
ВУ	27, MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)  9 17 9 0  28a. PLACE DF INJURY — A		M 1	NJURY AT YORK? YES 2 KNO	F	ON (Street and Mural	OCCURED BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH	
LETED	3 Suicide 8 Could not be determined	building, atc. (Specify)  HOME				City or	own, State)		
COMPLET	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge R: On the basis of examination and							ne stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	Mull	1///	D	29c. LICENSE N	UMBER	29d. D.	ATE SIGNED (Month, Day, V	ber)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

32. REGISTRAR'S SIGNATURE
Julia Davidson Randelle

FRANCIS

31. DATE FILEO (Month, Day, Year)
SEP 20 90

AVE BETHERDAM

	1 - STATE STATE C		ICATE C			REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	7.60	457			2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH
	marione G. Muse					9/10	7 90	5 1050 M
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. A	ast birthday)	IF UNDER 1 YEA			7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or loreign
	577-26-1225 1 1 M 2 本 76	YRS.	MONTHS DAY	S HOURS	MIN.	Jan. 14,	1914 Bc	South South
	9e. FACILITY NAME (If not institution, give atreet and number)		9b. CITY, TOV	N OR LOCATI	ON OF DE	ATH	9c. COUNTY	OF DEATH
8	701 Sheridan St.		He	atta	ille		P	9
DIRECTOR	RESIDENCE OF DECEDENT			71. 71.				
R	10e. STATE 10b. COUNTY	1	Y, TOWN OR LO					10d. INSIDE CITY LIMITS?
	Maryland Prince Georges	Нуа	ttsvil		>			1 T YES 2 NO
M.	10e. STREET AND NUMBER		7.19	10f. ZIP COD			-217	OF WHAT COUNTRY?
FÜNERAL	701 Sheridan Street			2078				ed STates
E	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 X					IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	n or No- 14.	. RACE — American Indian, Black, White, etc.
ВУ	3 X Widowed 4 Divorced		1 🗆	YES 2 NO	Specify			Specify:
	16. DECEDENT'S EDUCATION 16a. (	FCEDENTS	USUAL OCCUP	ATION		16b, KIND OF BU		Black
	(Specify only highest grade completed)	Give kind of te. Do NOT u	work done during se retired.)	most of worki	ng	Took ANIO OF SO	3111233711203	
7	Elamentery/Secondary (0-12) College (1-4 or 5+)  12th GRAde Pro	cocci	ng Cle	rle		Dept of	f the A	ARmy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	CESSI	ing ore	-	HER'S NAI	ME (First, Middle, Malden	Sumame)	
	Walter Brooks				lu H			
BE	19a. INFORMANT'S NAME (Type/Print)	96. MAILING	ADDRESS (Str	et and Numbe	r or Rural R	Route Number, City or Tov	vn, State, Zlp Co	de)
2	Barbara Willis	701	Sherid	an Str	eet,	Hyattsvi	lle, Mo	1. 20783
	20g. METHOD OF DISPOSITION 20b. PLAC	E OF DISPO	SITION (Name of	cemetery, crei	matory or	20c. LC	CATION — City	or Town, State
	1 [XBuriel 2   Cremetion 3   Removal from State 4   Donation 5   Other (Specify)   MOUN	t 01i	vet Ce	metery	r	Wasl	ningtor	n, D.C.
V	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, NAM	E AND ADDRE	SS OF FAC	al Service	Tno	
	Mrs. 1 M Sourtes					Ve., N.W.		
	23. PART /. Enter the diseases, or complications that caused the	deeth Do						
	shock, or heart fallure. List only one cause on each lit			mode of dy	ing, acci	ir all calcino or resp	matory sites.	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	March .		1	U.			Onset and Death
	resulting in death) s. Due to (or as a cons	EQUENCE O	est of the second	Beach	7.			
_	disease or condition and disease or condition as a constant of the condition of the conditi		: C	1415	vace	ula 5	Esene	e
CERTIFICATION		EQUENCE C	PF):	race				
M	If any, leading to immediate cause. Enter UNDERLYING							
Ē	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONS	EOUENCE C	PF):					
F	resulting in death) LAST	-						
	PART II. Other significant conditions contributing to death but no		le the meder	ulaa aawaa	aluaa la	Book I. Tara Magazi	LAUTOROV	LOAL WERE AUTOROX FINDINGS
MEDICAL	0.1	. resulting	m the under	ying cause	given in		RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	alsheimers Disense			100	-	1 TYES	2 NO	OF DEATH?
M						_	•	1 YES 2 NO
Z								=10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	B. PLACE OF				10.70
IYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 27. MANNER OF DEATH 28a, DATE OF INJURY	3 DOA	4 Nursing	Home 5 R	tesidenca	8 Other (Specify)	M HEW 000H	200
	27. MANNER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)		JURY	WORK?	□ NO	26d. DEŞCRIBE HOW	INJURY OCCUP	TED .
BY	Accident Investigation	home form			_ 140	28f, LOCATION (Street	and Number or	Rural Boute Mumber
ED	3 Suicide 8 Could not be determined 206. PLACE OF INJURY — At building, atc. (Specify)	trome, term,	street, factory,	OTTION		City or Town, State	))	riore riode runnos,
COMPLETED	29e. CERTIFIER							
MPI	(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,							
8	2 MEDICAL EXAMINER: On the basic of examination and/o	or investigati	on, in my opini	on, death occi	ared at the	time, date and place, a	nd due to the c	cause(s) end menner se stated.
ш	296. SIGNATURE AND TITLE OF CENTIFIER		1	29c. LIC	CENSE NUM	MBER	29d. DATE S	BIGNED (Month, Day, Your)
TO B	Lenda Warry my		1	10	1716	62	1 9	120/90
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (	TEM 27) (Typ	e, Print)	11		1000 6	11	. 44 - 2
1	unpa whithy Mp 9556	2 4	KHIV	Hu	4	Upper ma	Moore	MD 40772
	31. DATE FILED (Month, Dey. 1601)  SFP 2 4 90  32. REGISTRAR'S SIGNATURE	Panda 00						
	DEL CA 20 Lementarian	Lacher						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notifiled at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ensit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 212

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 8:203-3146	Innang physician.  The burial-transit permit, Pages 1, 2, 3 should	
7	(4)	
*		
ARYI	should b	
E, M	page 5	
MOR	Page 6 n I director	
BALT	or death.  The funeral of al.	
	ours after or remover removements	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-recurs after death. Page 6 may be retained by its moral or informance physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be client. In the law that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF	OR ATTENDING PHYSIC DIRECTOR: After this cerous after death with the own 28 is marked.	

	REGISTRAR			0.11	PEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Linst)	Margolia	1			2. DATE OF DEATH	5 0	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIFTH (Month, Day, Year)	, ,	BIRTHPLACE (State or Foreign Country)
	164-03-4634	1 <del>2</del> M 2 □ F 77	YRS.	MONTHS DAY	rs HOURS MIN.	Oct. 17,	1912	New Jersey
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TO	VN OR LOCATION OF DE			Y OF DEATH
5	Shabi Govo Adv	ostist Has	100	R	ockville		Mon	tgomery
5	RESIDENCE OF DECEDENT	CAITS I TO	TIQ.				11011	
RE	10a. STATE 10b. COUNTY	1	10c. CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
□		gomery		Silver	Spring			TXXYES 2 NO
FUNERAL DIRECTOR	10a. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
剪	15115 Interlachen				20906		USA	
ا ۾	11. MARITAL STATUS  1 Never Married 2 XXMarried	12. WAS DECEDENT EVER IN U FORCES? 1 YES	S-ARMED		DECENDENT OF HISPAN , specify Cuban, Mexican		or No 1	4. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Name 1 Name	IF YES, GIVE WAR OR DATE			YES 2 X NO Specify			Specify:
	15. DECEDENT'S EDU	I I	6a. DECEDENT'S	1101111 00011	MEION	16b. KIND OF BUS	INTER /INDII	White
	(Specify only highest grade	completed)	(Give kind of a	work done durin	g most of working	IOU. KIND OF BOX	11123711100	
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	ranspor	tation	Economist	Federal	Gove	rnment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Lambpot			WE (First, Middle, Malden		
Ö	Max Margolin				Katie	Henzelofi		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	eet and Number or Rural F	loute Number, City or Tow	, State, Zip (	Code) 20906
2	Freda Margolin	(wife)	15115	Inter	lachen Dr.	. #914. Si	1ver	Spring, MD
	20a. METHOD OF DI OSITION	// 20b. P	LACE OF DISPO		of cemetery, crematory or			ity or Town, State
	1 1 Buriel 2 Commetton 3 Rem		ther place) Judean 1	Memoria	al Gardens	Oln	ev. M	aryland
	21. SIGNATURE OF TUNERAL SERVICE LI			22. NAN	E AND ADDRESS OF FAC	YELIK		
	· Darus h	n. Musi		1		0		Chapels, Inc. le MD 20852
	23. PART i Enter the diseases, or	complications that caused t	he deeth. Do					et, Approximete
	shock, or fight fellure.	List only one cause on eec	h line.	1				Interval Between Onset snd Dasth
	disesse or condition resulting in death)	· lles pirato	+4 -	dily	7 3			1 8 Las
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE O	F):	2	2 2	) ,	
Z	Sequentially list conditions,	· Thehmon		and (	avcinon	1a of 121	cht	Luya
2	If any, leading to immediate	DUE TO OR AS A C	ONSEQUENCE O	P:		1 11	)	1
5		manufordin ) /	12/1 /2	< tes	e ( To	h) W/		
ICAT	CAUSE (Disease or Injury	a ville TO (OR AS A S	ONCEONENCE O	es.				
TIFICAT		c. OUE TO (OR AS A C	ONSEQUENCE O	F):	-3			
CERTIFICAT	CAUSE (Disease or Injury that initiated events	c. OUE TO (OR AS A C	ONSEQUENCE O	F):				
AL CERTIFICATION	CAUSE (Disease or Injury that initiated events	d	41-21-21		lying ceuse given in			24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	not resulting		iying ceuse given in	Pert I. 24e. WAS AN PERFOI	MED?	
EDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition	d	not resulting		lying ceuse given in	PERFO	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition	d	not resulting		iying ceuse given in	PERFO	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  COVO have the first condition of the condition o	d	not resulting	in the under	lying ceuse given in	PERFOI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  Cavo have the first condition of the condition o	dns contributing to deeth but  Tell Disea	not resulting	in the under		PERFOI  1 YES :	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  COVO have the condition of the	d	not resulting	in the under	18. PLACE OF DEATH (Ch	PERFOI  1 YES :	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  COVO have the condition of the	d	not resulting	In the under	ts. PLACE OF DEATH (Ch. Home 5   Residence	PERFOI  1 YES :  ack only one)  6 Other (Specify)	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  COVO DAY  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be	HOSPITAL:  1 Imperiant 2 ER/Oulpet  28e. DATE OF INJURY (Month, Day, Year)	anot resulting	OTHER: 4   Nursing	R8. PLACE OF DEATH (Ch. Home 5   Residence D. INJURY T WORK?   YES 2   NO	PERFOI  1 YES :  ack only one)  6 Other (Specify)	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  COVODA VALLET CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 8  Could not be datarmined	d	anot resulting	OTHER: 4   Nursing	R8. PLACE OF DEATH (Ch. Home 5   Residence D. INJURY T WORK?   YES 2   NO	PERFOI  1 YES :  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  COVO DA LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 2  Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	d	anot resulting  AU  All home, farm,  All home, farm,  dge, death occur	OTHER: 4 Numing BE OF 28 JURY M 1 street, fectory,	Residence INJURY AT WORK? YES 2 NO office	PERFOI  1 YES 2  ack only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) and ma	NO NO NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,
ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  COVO DA LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 2  Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	d	anot resulting  AU  All home, farm,  All home, farm,  dge, death occur	OTHER: 4 Numing BE OF 28 JURY M 1 street, fectory,	Residence INJURY AT WORK? YES 2 NO office	PERFOI  1 YES 2  ack only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(e) and ma	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  od. b cause(s) and manner as stated.
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  COVO DA LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5  Pending Investigation 2  Accident 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	A. Ins contributing to deeth but the second of the second	anot resulting  AU  All home, farm,  All home, farm,  dge, death occur	OTHER: 4 Numing BE OF 28 JURY M 1 street, fectory,	R8. PLACE OF DEATH (Ch. Home 5   Residence D. INJURY AT WORK?   YES 2   NO office  deta and place, and due ton, death occured at the	PERFOI  1 YES :  ack only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and mathme, data and place, at MBER	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  COVO IN A CONTROL CONDITION  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	Instituting to death but  HOSPITAL:    Impetiant 2   ER/Oulpet    28e. PLACE OF INJURY (Month, Dey, Year)    28e. PLACE OF INJURY obuilding, etc. (Specif)    SICIAN: To the best of my knowled in the basis of examination in the	anot resulting  AND  AND  AND  AND  AND  AND  AND  AN	OTHER: 4   Nursing BE OF 28 JURY M 1 street, fectory,	te. PLACE OF DEATH (Ch. Home 5   Residence : INJURY AT WORK?   YES 2   NO office  data and place, and due on, death occured at the	PERFOI  1 YES :  ack only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and mathme, data and place, at MBER	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  od. b cause(a) and manner as stated.
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BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condition  COVO IN A CONTROL CONDITION  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be datarmined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN  29b. SIGNATURE AND TITLE OF CERTIFIE	Instituting to deeth but  The part of the	anot resulting  AU H  Ident 3 DOA  28b. Th  IN  Al home, farm,  dge, death occur  and/or investigati  TH (ITEM 27) (5pp  ermanto	in the under	R8. PLACE OF DEATH (Ch. Home 5   Residence DEATH (Ch. Home 5   Res	PERFOI  1 YES 2  ack only one)  6 Other (Specify)  28d. OESCRIBE HOW  28f. LOCATION (Street City or Town, State)  to the cause(a) and mathematime, data and place, and MBER  9 2	NJURY OCC	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  URED  OF Rural Route Number,  od. a cause(a) and manner as stated.

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BALTIMORE, MARYLA

BOX 13146,

P.O.

OF VITAL RECORDS,

DIVISION

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DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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FOR STATE REGISTRAR		STATE OF I	MARYLAND / DEPA CERTIF					MENTAL HYGIEN
1. DECEDENT'S NAME (First Meleta A		rison						2. DATE OF DEATH MONTH D
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH
570_98_0	1653	1 🗆 M 2 🔀 F	77 YRS.	MONTHS	DAYS	HOURS	MIN.	Aug. 28,
98. FACILITY NAME (If not If	nstitution, give s	treet and number)		9b. CIT	, TOWN	OR LOCATI	ON OF D	EATH
7333 New	<i>i</i> Hamps	hire Ave	nue	H	lyat	tsvil	1e	
RESIDENCE OF DEC	CEDENT							
10a. STATE	10b. COUNTY	1	10c. CI	TY, TOWN	OR LOCA	TION		
		_						

90. 8. BIRTHPLACE (State or Foreign Jamaica 1913 9c. COUNTY OF DEATH Prince George 10d. INSIDE CITY Prince George Hyattsville 1X YES 2 NO 10e, STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 20783 7333 New Hampshire Avenue #319 Jamaica 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1X Never Married 2 Married Specify: Black 3 Widowed 4 Divorced 16a, DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during m life. Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) A. Morrison 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Roy Samuels 911 Rittenhouse Street. N. M Wash. D.C. 20011 20s. METHOD OF DISPOSITION
1 Devrise 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Washington National Cemetery Suitland, Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R. N. Horton Co. Morticians, Inc. Janold 600 Kennedy Street, N. W 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition ARDIOPHLMONARY ARREST 5 MINUSTEP resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS & CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING RENAL CAUSE (Disease or Injury that initiated eventa AROIS myspa resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TYES 2 THO To CARD Dauph 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 Pasidence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 26c, INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER D25766 Physician 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 33 O 31. DATE FILEO (Morith, Day, Year)
SEP 25 '90 32 REGISTRAB'S SIGNATURE 90

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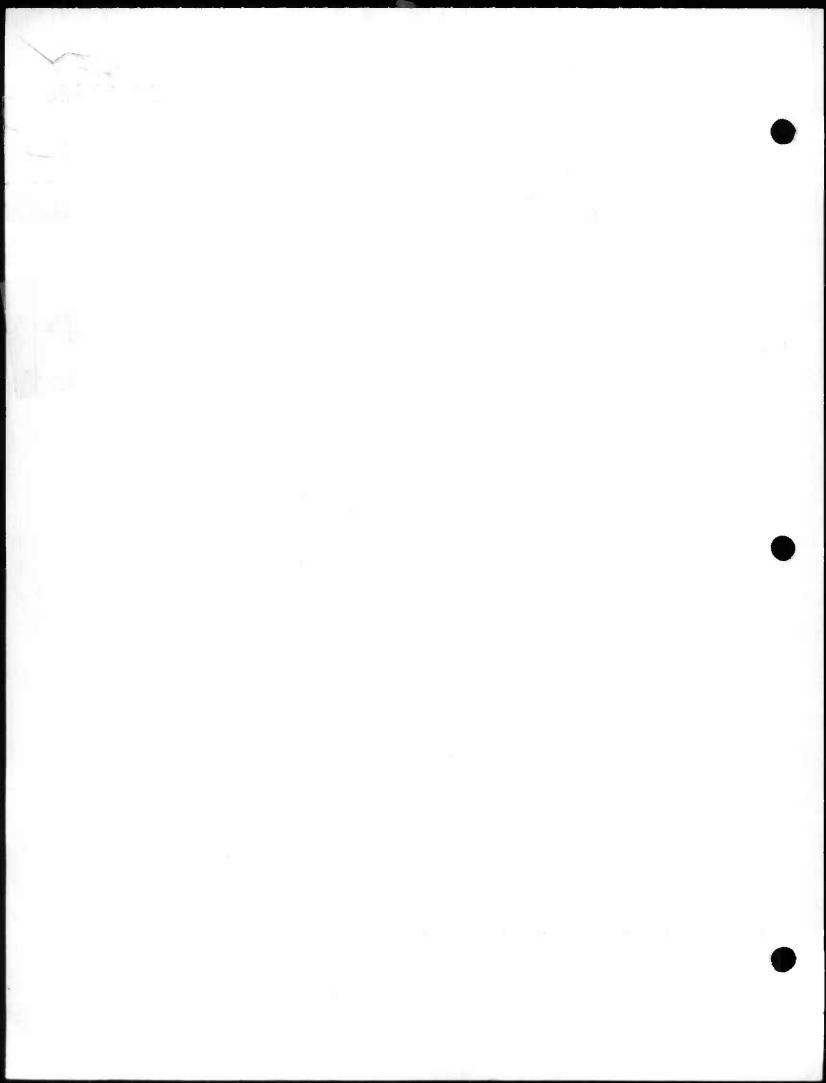
YEAR

3. TIME OF DEATH

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	ATAL OR ATTENDING PHYSICIAN: The law requires that the beam certificate be executed within 24-mouns after 0	:RAL_DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the i	or 20 hours after death with the State Deot. of Health and Mental Hydiene brior to burial, cremation, or removal.
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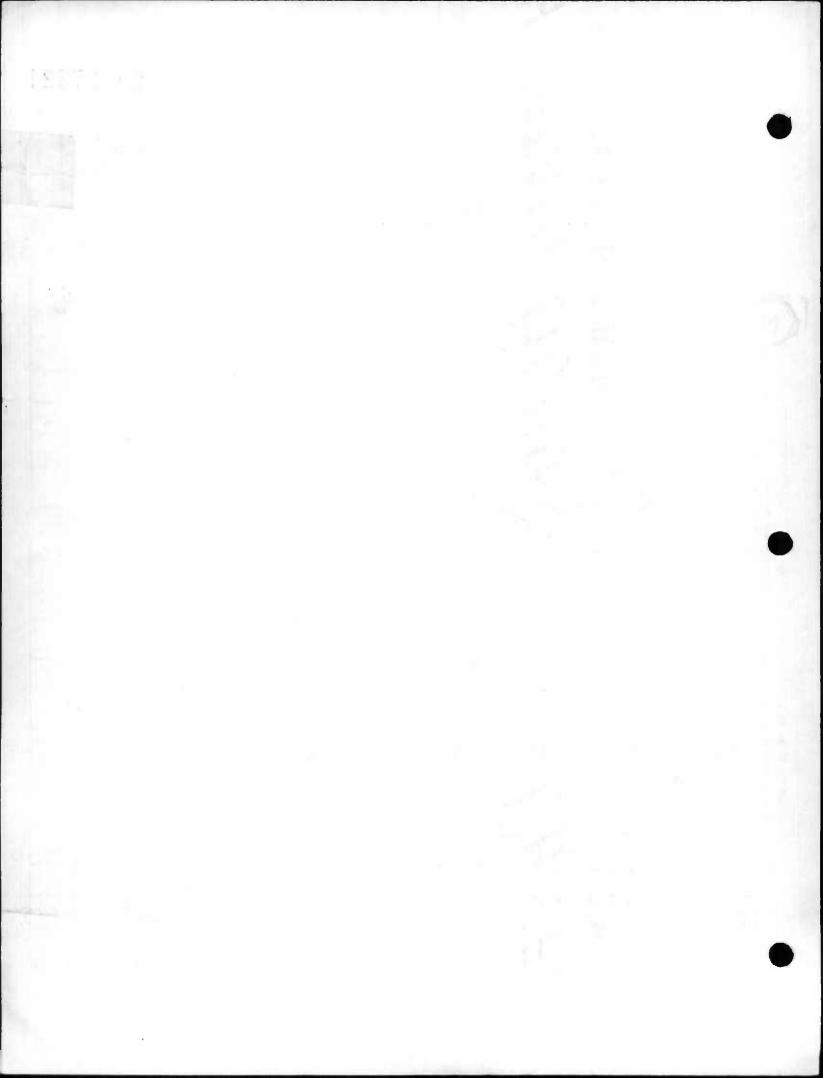
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENT	AL HYGIEN REG. NO		0 27620
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN K	1	10NAHAN			MON	T. 17	1990	3. TIME OF DEATH 7:00 A. M
	4. SOCIAL SECURITY NUMBER 6	8. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH oth, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	578-12-3845	1 □ M 2 💢 F 72	YRS.	MONTHS DAYS	HOURS MIN.				ASHINGTON . D.C.
	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TOWN C	R LOCATION OF D			9c. COUNTY	
DIRECTOR	1184 ITHICA DRIVE			SILVER	SPRING			MONTGO	OMERY
ů Ú	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MARYLAND MONTG	OMERY	SIL	VER SPRI	NG				1 YES 2 NO
FUNEHAL	10e. STREET AND NUMBER			101	. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
	1184 ITHICA DRIVE				20904			US/	
2	11. MARITAL STATUS 1  1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 T NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Maxic	an, Puarte		or No- 14	RACE — American Indian, Black, Whita, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 U YES	2 NO Specif	fy:		- 1	Specify: VHTTE
3	15. DECEDENT'S EDUCAT (Specify only highest grade co.	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON et of working	10	b. KIND OF BU		
COMPLE		College (1-4 or 5 +)	life. Do NOT us	e retired.)	or or working				
2		3	HOMEMAK	ER					
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First	, Middle, Maiden	Sumame)	
出	VICTOR KISSAL  19a, INFORMANT'S NAME (Type/Print)		405 MARINO	ADDRESS (Communication)	JIII.TE		REGAND	- 0 7- 0-	
2		(1111CD 411D)	100000						-
	JOHN F. MONAHAN  20a. METHOD OF DISPOSITION	(HUSBAND)	D. PLACE OF DISPOS			LVEK			LAND 20904
	1 X Burial 2 Cremation 3 Remove 4 Donation 6 Other (Specify)	al from State	other place) T. OLIVE						N. D.C.
	21. SIGNATURE OF THERAL SERVICE LICEN	NAME OF TAXABLE PARTY.		22. NAME AI	ND ADDRESS OF F				
	N 80 115	Sin &							OME, INC. PRMD. 20901
	23. PART I. Enter the diseases, or CDI			ot anter the mo	de of dying, au	ch aa ca	rdiac or reap	Iratory arrea	t, Approximate
	ahock, or heart failura. Lis IMMEDIATE CAUSE (Final	•							interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS MYELOT	M-10c	AROIAL	IN	FAR	RCTIC	N	IDAY
-		DUE TO (OR AS	A CONSEQUENCE OF	7:	<				/
S	Sequentially list conditions, b.	MISTOMA	TYSPLA  CONSEQUENCE OF	STIC	270	VDF	SOME		GMONTHS
4	if any, leading to immediate cause. Enter UNDERLYING	ANEMI		· ·					GMONTHS
HTIFICATION	CAUSE (Disesse or injury that initiated evanta		A CONSEQUENCE OF	-):					
H	resulting in death) LAST								
CE	PART II. Other aignificant conditions	contributing to death i	out not resulting	in the underlyin	g cause given in	n Part I.	24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
5							1 TYES	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC								10.4	OF DEATH?
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C	heck only	one)		
PHYSICIAN:	1 _ YES 2 _ NO _ 1	1   Inpetient 2   ER/Out		4 - Nursing Hon	ne 5 🗆 Residence	_			
	27. MANNER OF DEATH  1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT DRK? YES 2 NO	28d. D	EŞCRIBE HOW	INJURY OCCU	REO
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm,			28f, L4	DCATION (Street	and Number or	Rural Route Number,
COMPLETED	4 Homicide 6 Could not be detarmined	building, etc. (Spe	oclfy)	C-251 (7431251) 1406		C	ty or Town, State	)	
	29a. CERTIFIER 1 CERTIFYING PHYSICI.	AN: To the best of my know	vledge, death occurr	ed at the time, date	and place, and du	a to the	cause(a) and me	nner as stated	
		On the basis of examination	on and/or investigation	on, in my opinion,	leath occured at th	e time, de	sta and placa, a	nd due to the	cause(e) and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIED	0			29c. LICENSE NO	-	443	29d. DATE S	SIGNED (Month, Day, Year)
0	Robert J. Jo	reobson	M.D.		D198	82	Ma.	▶ 9	17-1990
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D							
- 1	ROBERT J. JACOBSON	N. M.D. GT	HOSP./HI	MATOLOG	V M 1306	TATA	SHINCTO	N D C	20007
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		THITOHOU	I M IJOC	, WA	JIIINGIC	D.C	20007



BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. OECEOENT'S NAME (First, Mid		- M-C	مده مأم بلديا					2. DATE OF O	EATH DAY		YEAR	3. TIME OF DEATH
	Kennet		en McC						09	14	90		3:30AM
			M 2   F	6. AGE (III )//s	i. lest birthday)	MONTHS DAY		MIN.	7. DATE OF B	( Year)		8. BIRTHE	
	461-80-4385  9a, FACILITY NAME (If not institute				2	SP CITY TON	VN OR LOCAT	ON OF DE	3-15-	-59 T	On COUNT	TY OF DE	Texas
DIRECTOR	5409 Lucy D	3 Buck	kler Ro	oad			lintor ldorf						Georges les
E I	10a. STATE 100	b. COUNTY				Y, TOWN OR LO	CATION						10d. INSIDE CITY
	Md.	Ch	arles		W	aldorf							1 TES 201
FUNERAL	10e. STREET AND NUMBER						101. ZIP COD	5			10g. CITIZ		HAT COUNTRY?
NE I	5409 Lucy d							601				USA	
B	1 Never Merried XX Mer 3 Widowed 4 Divorced		IF YES, GIVE	NT EVER IN U.S. AND YES 2 WAR OR DATES	NO NO	If yes	DECENDENT ( I, specify Cub YES 222 NO	en, Mexical	IC ORIGIN? (Sp n, Puerto Rican :	ecify Yea o	or No	14. RACE Black, Specify	- American India , White, etc. White
	15. DECEDE (Specify only hig	NT'S EDUCATI	ION npleted)	16a	. OECEDENT'S	USUAL OCCUP	PATION a most of work	na	1	OF BUSH			
COMPLET	Elementary/Secondary (0-12)		College (1-4 or 5		life. Do NOT us	e retired.)							STEMS
MP	12	1==0	1		Electi	ronics						s Sy	stems
	17. FATHER'S NAME (First, Middle		-						ME (First, Middle				
BE	Carl J. Sch		)T •		19h MAII INC	ADDRESS /	_		June  June  Journal Number, C			Corfel	
2	Dorothy McC					ame as			oute Number, C	ny ur iown,	, ordin, ZID	C000)	
	20a, METHOD OF DISPOSITION			20b, PL		SITION (Name o				20c, LOC	ATION	City or Tox	vn. State
	1 2 Burial 2 Cremetion 4 Donation 6 Other (Spi	3 🗆 Removal	I from State	othe	er place)	e Veter			rv			nham	
	21. SIGNATURE OF FUNDRAL SE			III	JIUU	1 00 1111	E AND ADDD	200 05 54	]	O14			11 201 .
		ENVICE LICENS	生ノイノ	1 1		22. NAM	E AND ADDRE	:33 UT FA	ALITY TOO	Film	era1	HOm	e. Inc.
	23. PART I. Enter the diseashock, or heart IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ases, or com	plications th	nat caused the ause on each TO (DR AS A COR	T/2pm	663 Clinot enter the	33 Old inton, mode of dy	Alex Md. 2	cander 20735	Ferr	y Ro	ad	Approximatinterval But Onset and
TIFICATION	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immedia cause, Entar UNDERLYING CAUSE (Disease or injury that initiated events	a	DUE TO	nuse on each	MINE OUENCE O	663 C1inot enter the	33 Old inton, mode of dy	Alex Md. 2	cander 20735	Ferr	y Ro	ad	Approximatinterval Bi
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MEDICAL	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant  ZS. WAS CASE REFERRED TO M EXAMINER?	Bees, or comit failure. List a b c conditions c	DUE TO  OUE TO  CONTRIBUTION 1	TO (DR AS A CONTO (DR	NSEQUENCE O	663 C11 not enter the  QY FP:  In the under	inton, mode of dy mode of dy lying cause  8. PLACE OF Thomas The construction of the cause  1. INJURY AT	Alexadd Alexad	Part I. 24a	Ferr or respiration of respiration o	atory am	est,	Approximation of the completion of the party
PHYSICIAN: MEDICAL	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant  LEXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  Natural 5 Pen	a  b conditions c	DUE TO  OUE TO  CONTRIBUTION 1	TO (DR AS A CONTO (DR	NSEQUENCE O	of GG C1: not enter the	dying cause	Alexade Md. 2	Part I. 24a	Ferr or respiration of respiration o	atory am	est,	Approximation of the completion of the party
BY PHYSICIAN: MEDICAL	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant or EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH   Netural   5 Pen   Accident   Inve	a a b conditions c	DUE TO  DUE TO  OUE TO  OUE TO  CONTRIBUTING 1:  Inpatient 2  28e. DATE 0  (Month,	TO (DR AS A CONTO (DR	NSEQUENCE O	of GC1 not enter the  QY ( F):  F):  In the under  OTHER: 4 Unusing  H OF URY  M 1	Mode of dy	Alexade Md. 2	Part I. 24a  1 Cock only one)  6 Other (Sp  28d. DESCRIE	. WAS AN A PERFORM  YES 29	NUTOPSY NEO?	24b.	Approximation interval Be Onset and
BY PHYSICIAN: MEDICAL	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant of EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pen Leading 1 Notation	Bees, or comit failure. List  a  b  c  conditions c  d  EDICAL H  1  Iding sitigation sitigati	DUE TO  DUE TO  DUE TO  OUE TO  OUE TO  CONTRIBUTING to	TO (OR AS A CONTO (OR	NSEQUENCE O	or HER: 4   Nursing BE OF   28c JURY M   1 street, factory,	tying cause  B. PLACE OF  Home SMOF  I. INJURY AT  WORK?  YES 2  office	given in	Part I. 24a  1 (Control of the Control of the Contr	WAS AN APPERFORM PERFORM YES 2/	NUTOPSY NEO?  NO Number of Number on state	24b.	Approximation interval Be Onset and
PHYSICIAN: MEDICAL	ahock, or heard IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant of EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH Netural 5 Pen Leading 1 Notation	Bees, or com t fellure. List a a b c d conditions c  EDICAL H 1  Inding stigstion sid not be ermined ING PHYSICIA EXAMINER: C  CERTIFIER	DUE TO  DUE TO  OUE TO	O (OR AS A COMO	NSEQUENCE O  INSEQUENCE O	of C1 not enter the  Y  Fig.  Fig.  The image of the time, on, in my opinion of the time, on the time	inton, mode of dy mode of determine the mode of dy mode of determine the mode of dy mode	given in  OEATH (Chi tesidence  a, and due ured at the	Part I. 24a  Part I. 24a  1 [  ock only one)  6   Other (Sp  28t. LOCATIO City or To  to the cause(e time, date and  ABER	. WAS AN A PERFORM PERFORM YES 2/  ocity) BE HOW IN N (Street ar wm, Street)	MUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.  24b.  CURED  or Rural R  ted.  no cause(s)	WERE AUTOPSY FI AMALABLE PRIOR COMPLETION OF CONFIDENTIAN 1 YES 2227



ed at once.

	TO BE COMPLETED BY DAVELCIAN: MEDICAL CERTIFICATION	TO BE O
al examiner must	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must	IMPORTA!
oval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	be filed with
the funeral director	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directors	THE FU
fter death. Page,6 mis	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Press of the	TO THE HO

	FOR STATE REGISTRAR	STATE OF I	//ARYL	AND / DEPA	RTME	NT OF I	DEA	AND TH	RE	G. NO.		0	27622	
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	H	ENRY		MILB	URN,	JR.		2. DATE OF DI MONTH		14	YEAR	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMBER 219-12-4159	5. SEX	8. AGE (I	n yrs. last birthda 73 YRS.	MONTH	DER 1 YEAR 8 DAYS	IF UNDER	MIN.	7, DATE OF BI (Month, Day, JUNE 1	RTH Ybar)	917	8. BIRTI Count MAF	HPLACE (State or Foreign try) RYLAND	ın
Œ	90. FACILITY NAME (If not institution, give st St. Mary 's H					Ty, town				REG. NO.  DATE OF DEATH MONTH  DATE OF BIRTH (MONTH, Day, Year)  UNE 1, 1917  H  Sc. COU St.  ORIGIN? (Specify Yea or No— Puerto Rican, etc.)  16b. KIND OF BUSINESS/IN  STATE HIGHWA  (First, Middle, Maiden Surname)  SMALLWOOD  10 Number, City or Town, State, Zi CS, MARYLAND  20c. LOCATION ST. IN.  ARDINER FUNERA  LEONARDTOWN  BS Cerdiec or respiratory at  TOWN OF BUSINESS/IN  10 Number (Street and Munda  Other (Specify)  11 YES 2 NO  15 Other (Specify)  16 City or Rower, Shares  The Causes(s) and insenter as at  16 City or Rower, Shares  17 Other (Specify)  18 COCATION (Specify)  19 Other (Specify)  10 Other (Specify)  10 Other (Specify)  11 YES 2 NO	INTY OF E			
ECTO	RESIDENCE OF DECEDENT  100. STATE  10b. COUNTY			10c. C		N OR LOCA		1111	-				10d. INSIDE CITY	_
BY FUNERAL	MARYLAND ST.		S	ST. I	NIGO	ES	E			100, CI	IZEN OF	1 TYES 2 NO	)	
	BOX 411, MT. ZION	CHURCH 12. WAS DECEDEN			1.	12. WW.C. D.C.	206		MC OBIONIO (0-	-14 . W-		J.S.A		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES	2 NO		If yes, sp		nn, Mexico	an, Puerto Rican,		or no		E — American Indian, ck, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5	+)	Ille. Do NO	of work do	ne during m d.)	ON ost of worki	ing	2.50				ADMINISTR/	
	5TH GRADE  17. FATHER'S NAME (First, Middle, Last)  CHARLES HENRY MI	LBURN, S	R.	114	DORE	<i>Σ</i> Γ			ME (First, Middle,	Maiden	Sumame)	TY I	ADMINISTR	71.1
TO BE	190. INFORMANT'S NAME (Type/Print) MARY RITA BARBER											ip Code) 2068	84	
	296. METHOD OF DISPOSITION  296. METHOD OF DISPOSITION (Name of commettory, cremetory or 1.4. Burlet 2 Cremetton 3 Removal from State 4 Donetton 5 Other (Specify)  296. METHOD OF DISPOSITION (Name of commetery, cremetory or 1.4. Donetton 5 Other (Specify)  297. PETER CLAVER CEMETERY  ST. INIGOES, MARYLAND										ND.			
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lard	Pine		- 1									C E C
	23. PART I. Enter the diseases, or o shock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)												Approximate interval Betwoonset and D	veen
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A	CONSEQUENCE CONSEQUENCE	non:	na	ali S	1	Lu	ne	7.		18m	龙之
BY PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	death b	ut not resultin	g in the	underlyic	g cause	given in		PERFOR	NMED?	24	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF GAU OF DEATH?	ise.
	28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   MO  27. MANNER OF DEATH	HOSPITAL:		-	-	IER: Numing Hor	ne 5 🗆 R		-					
	Natural I Pending Investigation  Accident  Suicide 6 Could not be determined	28s. PLACE (	Jay: Huar)	— At home, ten	TIME OF INJURY N n, street,	1 U	JURY AT ORK? YES 3	NO.	28f. LOCATION	4 (Street	and Numb		Route Number	_
COMPLETED	mast f	-49											(e) and manner as state	nd.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	Y	b	No	2	M	29c. LK	D.	D641	9	29d. DA	9-	17-91	5

Medical

of s signature Randall

Arts Building

Leonardtown,

M.D.

32. REGISTRAS

8

Patrick

98 1127

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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Paul M. McDonough

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DIVISION OF VITAL	
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		4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In y	s. last birthday)	IF UND	ER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE O				CE (State or Foreign
		545-16-0728	3	1 🕅 M 2 🗌 F	6	9 YRS.	MONTHS	DAYS	HOURS	MIN.	March	Day, Year)	1921	Calif	ornia
pino		9a. FACILITY NAME (If not in		treet and number)			9b. CIT	TY, TOWN O	R LOCATION	N OF DE	EATH		9c. COU	NTY OF DEAT	н
ന	۳.	Suburbai	n Hosp	ital				Beth	esda				Mon	tgomer	У
€	5	RESIDENCE OF DEC				Total au								1	
Pages	뿔		10b. COUNTY			10c, CIT		OA LOCAT							I. INSIDE CITY LIMITS?
Ē	- 1	Maryland 100. STREET AND NUMBER	<u> </u>	tgomery				Bethe.	. ZIP CODE				40 0/7		YES 2 NO
it per	₽.	4600 Slea:		and.				107.	208]	1.4			117	ed Sta	
trans	N.	11. MARITAL STATUS	LOIG K		IT EVED IN III	2 AQUED	11	WAS DEC			HC OBIGINS	(Specify Yea			American Indian,
ounia		1 Never Merried 2	Married	12. WAS DECEDED FORCES? IF YES, GIVE			-   "	If yes, spe	ecify Cuban,	Maxica	n, Puarlo R		0.110	Black, Wi	hita, atc.
ê	à	3 Widowed 4 Divo	orced		WII	3		1 📙 123	28 10	Specify	,.			эрисну.	White
			EDENT'S EDU		16	e. DECEDENT'S	Work don	OCCUPATIO	ON at of working	,	16b.	KIND OF BUS	SINESS/INC	DUSTRY	
3(1	V	Elementary/Secondary (	1	College (1-4 or 5	+}	Ille. Do NOT u	ise retired	.)							
1 7	4			5+		Attor	ney					FCC			
dete	8	17. FATHER'S NAME (First, N										iddle, Maiden			
	l w l	Gordon Le		nough								McNei			
shou		19a. INFORMANT'S NAME (		L								er, City or Tow			20214
		Ruth H. Mcl		Ω	1					<u> </u>	Betne	sda,			20814
loc. p		20a. METHOD OF DISPOSIT 1 ⊠ Burial 2 ☐ Crematic	on 3 🗆 Ram	ovat from State	of	her place)								City or Town,	
direc	li	4 Donation 5 Other		CENSEE	ALI	ington									rginia
neral	PLETED BY PHYSICIAN: MEDICAL CERTIFICATION  TO BE (	1	. 1	1	1	M00100	Ŕ	obert	A. I	Pümr	Threy	Fune	ral E	Iome/	
the fu	Ш	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Robert A. Pumphrey Funeral Home/ Bethesda-Chevy Chase, Inc. 7557 Wisconsin Ave. Bethesda, MD 20814-3501													
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailed for use the bunal-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one		23. PART i. Enter the disease, or complications that caused the desth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feilure. Liet only one cause on each line.  Approximate interval Batween													
		IMMEDIATE CAUSE (Final												Onset and Death	
matic		disease or condition										AGUTE			
ul, cre				A DUE TO	O (OR AS A CO	ONSEQUENCE (	OF):	·	/			X			AGUTE
and o bunia	8	Sequentially list condi-	tions,	DIE TO	08618	ROTE ONSEQUENCE O	7	ARDIC	VASC	JU.	AR a	2/15	eric	E	INDET
cian for to	AT	if any, leading to imme cause. Enter UNDERLY		502 10	(011 25 2 00	SHISEOUENGE (	<i>)</i> .								
phys ne pr	[윤]	CAUSE (Disease or injuted that initiated events		C. DUE TO	OR AS A CO	ONSEQUENCE (	OF):								
Hygie	E	resulting in death) LAS	ST	4											
atte ental											- I				
Ind M	4	PART ii. Other signific	ent condition	s contributing to	deeth but	not reaulting	in the	underlying	g cause gi	Iven in	Part i.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO
alth a	ă										- 1	1 TYES 2	NO		MPLETION OF CAUSE DEATH?
en sig of He											-			1 [	YES 2 NO
as be bept.	Ä	25. WAS CASE REFERRED													
FIGURATION TRANSPORTED FOR THE STATE OF THE PROPERTY OF THE PR	할	EXAMINER?	TO MEDICAL	HOSPITAL:			ОТН	ER:	LACE OF DE						
	14S	1 TYES 2 NO		1 Inpatient 2		ent 3 L DOA		7	JURY AT	Idence	_	(Specify) CRIBE HOW I	N. FIRM OC	CHRED	
	-	_ /	Pending		Day, Year)	IN	LAURY M	WC	YES 2	NO	1	NOI	-		
After death		2 Accident 3 Suicide	Investigation	286. PLACE	OF INJURY -	At home, farm,	street, f			- 1	281. LOC/	ATION (Street	and Numbe	or or Rural Rout	e Number,
TOR: after		4 Homicide	Could not be detarmined	building	, etc. (Specify)	Hom					City	Town, State	}		
DIRECTOR	9	29a. CERTIFIER	TIEVING PHYS	ICIAN: To the best of	of my knowled			e time dete	and place	and due	to the cou		nner en ek	elad	
BA E	₽ I	torinon orny	101												nd manner as stated.
FUNE	8	20b. SIGNATURE AND TITL			1			5-34-70	29c, LICE					-12-534-64	a south Charles and Service
F 등 등 등	8		E OF CERTIFIE	16/1	////	///	1			<b>-</b> 1					onth, Dey, Year) 5, 1990
268	P	30. NAME AND ADDRESS O	OF PERSON WI	O COMPLETED CA	USE OF DEATH	H (ITEM 27) (767	a crint)	)	100	709	7 4		, 3	ept. 2	3, 1330
2-1		Francis C.						Venn	ρ. R	eth	esda	Mary	land	2081	Δ
171		31. DATE FILED (Month, Day	( Year)	32. REGISTE	AR'S SIGNATI		E		, D		coda	Hary	Land	2001	
		SEP 2	26 '90		1.00	bon Ren	delle								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90 27623

3. TIME OF DEATH

U8:33 A M

1990

2. DATE OF DEATH
MONTH
September 25,

BALTIMORE, MARYLAND CI203-146	e 6 may be minimed by the hooping of the property of the prope	ector, page 5 should be detached in use a nine burial-transit permit. Pages 1, 2, 3 should	must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be immined by the hospital of the control of the con	AD THE PLINEBAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in use after burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after beath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			NTAL HYGIENE REG. NO.	90	27624		
1. DECEDENT'S NAME (First, Middle, Last)		Mack	•	2.	DATE OF DEATH	90 YEAR	808A M		
4. SOCIAL SECURITY NUMBER  578-83-794	1/2 M 2 D F 0	Q6 YRS. MON	UNDER 1 YEAR	Hours Min. Set	March Dec March				
Baltimore/Washing			xedo	R LOCATION OF DEATH		Prince (			
10a. STATE 10b. COUNT	тү		ngton,				IOd. INSIDE CITY LIMITS? I XXES 2 \( \text{\text{NO}}\)		
100. STREET AND NUMBER 013 9th Street, N.	Е.			ZIP CODE	1	United			
11. MARITAL STATUS  1 X Yever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D.		13. WAS DEC If yes, spi 1 YES	ENDENT OF HISPANIC Of Colly Cuban, Maxican, Public Specify:	PRIGIN? (Specify Yea or serto Rican, atc.)	No- 14. RACE - Black,	American Indian, White, etc. :Black		
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use rei	done during mo tired.)	st of working	16b. KIND OF BUSIN				
9th  17. FATHER'S NAME (First, Middle, Last)		Utility	Emplo	yee 18. MOTHER'S NAME (	Priv				
alter D. Mack				Lille Jo		mamej			
alter D. Mack  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a	nd Number or Rural Route		State, Zip Code)			
alter D. Mack		Same	as 10	e					
20a. METHOD OF DISPOSITION 1 X Murial 2 Cremation 3 X Ma 4 Donation 6 Other (Specify)	movat from Stata	other place) Church C				nce Co.N	n,Stata North Caroli		
21. SIGNATURE OF FUNERAL SERVICE L	Sers		Frazi	o adoress of facility er's Funer hode Islan	al Home	N.W.			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	с		wit	- frodu	Interval Between Onset and Death				
PART II. Other significant condition	one contributing to death b	but not resulting in t	ha underlyln	g cause given in Par	t I. 24e. WAS AN AI PERFORM PERS 2 9	No heherd	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINEA?  1 PAGES 2 NO	HOSPITAL: 1   tnpatient 2   EP/Out	S. PLACE OF DEATH (Check only one)  Home 5 □ Rasidence 8 □ Other (Specify)							
27. MANNER OF DEATH  1 Network 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined Control of the Homicide Control of									
and a	YSICIAN: To the best of my know	wiedge, death occurred s	t the time, date				and manner as stated.		
SHE ADDRATURE AND TITLE OF CEPTIES	ungue M	2		D2123	0	\$9-8	Moren, Day, Year)		
30. MAME AND ADDRESS OF PERSON V  JULIUS ID P. Ro  31. DATE SED (Myningon), Shirl	WHO COMPLETED CAUSE OF DI	4m, 500	19 Ra	your ch	Co Sym	us Mi	20148		

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Guy

SEP 27 1990

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR 1 STATE	STATE OF MARY				MENTAL HYGIEN	NE 9	0 27625.
REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).	
1. DECEDENT'S NAME (First, Middle, Las						DAY Y	3. TIME OF DEATH
	Mc Farlan					26,19	
4. SOCIAL SECURITY NUMBER		100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
214-05-8136		3 YRS.	MINE DATE	MIN.	9-26-1	907	Md.
9e. FACILITY NAME (If not institution, give	street and number)	98	. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH
Frostburg Nur	sing Home		Fros	stburg		Al	legany
10a. STATE 10b. COUN	П	10c. CITY, T	OWN OR LOCAT	ION	10		10d. INSIDE CITY LIMITS?
Md. A	llegany	Ci	umberl	and			1 YES 2 NO
10e. STREET AND NUMBER			10f	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
1105 Holland	St.			2150	2	1	U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER				IC ORIGIN? (Specify Ye		4. RACE — American Indian, Black, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Specifi	n, Puerto Ricen, etc.)		Specify: White
15. DECEDENT'S EI		16a. DECEDENT'S US			16b. KIND OF BU	JSINESS/INDUS	
(Specify only highest gre Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work	done during mo stired.)	at of working			
8		Delive	rman		Bak	ing C	0.
17. FATHER'S NAME (First, Middle, Last)	-			16. MOTHER'S NA	ME (First, Middle, Maide		
Upton Mc Far	aland			Hva (	Cross		
19a. INFORMANT'S NAME (Type/Print)	action of	19b. MAILING AD	DRESS (Street a		Route Number, City or To	wn State Zio C	indel
Eva B. Mc Fa	braland						Md. 21502
20a_METHOD OF DISPOSITION		Db. PLACE OF DISPOSITI					ty or Town, State
1 Burial 2 Cremation 3 Re	moval from State	other place)					
4 Donation 6 Other (Specify)	I ICENSES	Frostbu		OPIAL .		rostp	urg. Md.
John 8	Horn	/				, Fro	stburg, Md.
23. PART I. Enter the diseases, o			enter the mo	de of dying, suc	h as cerdisc or res	piratory srres	
IMMEDIATE CAUSE (Finel	e. Elst only one cause on	each line.		17.4	A -		Interval Between Onset and Death
disease or condition	Vhen	Lond	) Or	the			cherie
resulting in deeth)	-aue-re-rom Au	A COMPROVENCE OF		^ -			
	· I call.	T.	(~	Deex			Oras S
Sequentially list conditions, if any, isading to immediate	BA ROYOF ING	A CONSEQUENCE OF):	7	1			1 1
cause. Entar UNDERLYING	7		-				
CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):		0			
reaulting in death) LAST	Telegraphic sector (et						1
PART II. Other algolficant condit	ona contributing to death	but not resulting in	ths underlyln	g cause given in		N AUTOPSY ORMBÓ?	24b. WERE AUTOPSY FINDINGS
					1 7 YES	2 □ NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						X	OF DEATH?
1					— I		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			00 00	ACE OF PRATES OF	not only on:		
EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C)			
1 VES 2 NO	1 ☐ Inpatient 2 ☐ ER/Ou		<del>\</del>		6 Other (Specify)	MINIMU AAA	IDED.
Autural 5 Pending	28a. DATE OF INJURY (Month, Day, Year,	28b. XIME C	Y WO	IURY AT ORK?	28d. DESCRIBE HOW	MJUHY OCCU	MED
2 Accident investigation				YES 2 NO			
3 Suicide 6 Could not 4 Homicide detarmined	building, atc. (St	RY — At home, farm, stre pecify)	et, factory, offic	•	261. LOCATION (Stree City or Town, Stat	t and Number of a)	r Rural Route Number,
29e. CERTIFIER 1 CENTIFYING PH	YSICIAN: Journe best of my kno	owledge, death occurred	at the time, date	and place, and thu	to the cause(s) and m	enner sa stater	d.
(Orlock Orli)							cause(a) and manner as stated.
						-	
296. BEGHATURE AND TITLE OF CERTIF	and the same of th			29c LICENSE NU	Minorii 🖊	290, DATE :	SIGNED (Nonth, Day, Year)

S. M.D. 500

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_,	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAND /		TMENT					REG. NO.	_		27626
	4. BOCIAL SECURITY NUMBER  214-14-4390  1 DECEDENT'S MARKET PRODUCT SERVING A SECURITY NUMBER  2 14-14-4390  1 DECEDENT'S MARKET PRODUCT SERVING A SECURITY NUMBER  2 14-14-4390			MI 8. AGE (In yrs. les 76	IF UNDER	1 YEAR DAYS	TYEAR IF UNDER 24 HRS. 7. DA			DA	7 9	3. TIME OF DEATH 1945  I. BIRTHPLACE (State or Foreign Country)  Phila., Pa.		
TOR	98. FACILITY NAME (# not in Union RESIDENCE OF DEC			9b. CITY,		ct.on	ON OF DE	EATH		Sc. COUNTY	Ceci			
L DIRECTOR	104. STATE  M    104. STREET AND NUMBER		ecil	10.		r, town o	eal					10g. CITIZEI	1 [	LIMITS? YES 2 NO
BY FUNERAL	84 N. St  11. MARITAL STATUS  1 Never Married 2 S Dividowed 4 Dividowed 5	· Aug	12. WAS DECEDER	Road NT EVER IN U.S. AF 1 PES 2 NAR OR DATES X			WAS DEC	CENDENT	219 OF HISPAN	NC ORIGIN? ( in, Puerto Ric		U.	S A RACE — A Black, WI Specify:	American indian, life, etc.
COMPLETED				+) (G	Sive kind of a. Do NOT u	susual or work done se retired.)	during mo	ept.		Bai	nbri		TRY	l Center
TO BE CC	Michae  19a. INFORMANT'S NAME ( Helen Balt	el Ma						A and Numbe	nna r or Rural		n City or Tow	n, State, Zip Co	-1	083
	20a. METHOD OF DISPOSIT  1 Burlal 2 Cremati  4 Donation 5 Othe  21. SIGNATURE OF FUNERA	FION on 3 - Ren r (Specify)	noval from State	20b. PLACE other p	OF DISPO	Of 22.	Lin	metery, cre  13 C  ND ADDRI	em .	CILITY	20c. LO Che	CATION — City	y or Town,	State City, Md
	Gee Funeral Home Elkton, Md.  23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):										21921 Approximate Interval Between Onset and Deat			
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b													
_	PART II. Other eignific	ent conditio	na contributing to	resulting	in the ur	ndertylm	g cause	given in		PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAU				
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 VES 2 NO  1 Inpetient 2 ER/Ourtpetiant 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 VES 2 DATE OF INJURY (Month, Day, Year)													
ETED BY	2   Accident   Investigation   2   Accident   Investigation   3   Suicide   5   Could not be   4   Homicide   determined   City or Town, State)   M   1   YES 2   NO     286. PLACE OF INJURY — Al home, farm, street, factory, office   281. LOCATION (Street and Number or Rural Route Number, City or Town, State)											Number,		
COMPLET	29a. CERTIFIER (Check only one)  2 IMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  297. (Month, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUGH OF DEATH (ITEM, 27) (Typo, Print)													
	31. DATE/FILED (Myhth, Day		32. REGISTR	Ate who signature who sairds	on-Re	M/AC	1		Ne	WAR	Ks	De		

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	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the time of		
	funeral		•
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DE			EALTH AND N		YGIENE REG. NO.	9	0 27627
	1. DECEDENT'S NAME (First, Middle, Leat)						2. DATE OF	DEATH DAY	MEAN	3. TIME OF DEATH
- 9	Louise G.	Mater	-				MONTH 9	19	90	10:38 a. M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	L AGE (In yrs. last bin		NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH ev. Vhec)		HPLACE (State or Foreign
	214-22-3783	1 □ M 2 🔯 F	66	YRS. MONT	THE DAYS	HOURS MIN.	05-3	0-24	El	kton, MD
	9a. FACILITY NAME (If not institution, give atre		9b. CITY, TOWN OR LOCATION OF DEATH					COUNTY OF		
OR	Union Hospital		Elkton					Cec	il County	
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10	De. CITY. TO	WN OR LOCAT	ION				10d. INSIDE CITY
E I	DE MD Cecil			No	rtheas	t				LIMITS?
ادِ	10e. STREET AND NUMBER			110		ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
ER/	2631 Turkey Poi	nt Rd.				21901			U.S.A	٨.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT				ENDENT OF HISPAN			- 14. RAC	CE — American Indian, ck, White, etc.
BY F	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAI	YES 2 NO			2 NO Specify		iri, etc.)		city:
										Black
田	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	(Give I	kind of work of NOT use reti	AL OCCUPATION  fone during more med.)	on at of working	16b. Kil	ND OF BUSINESS	S/INDUSTRY	
2	Elementary/Secondary (0-12) 7th -	College (1-4 or 5+)		ousew			0	Home		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)		110	Jusew.	rie	18. MOTHER'S NAI			me)	
Ö	Arthur Brooks					Mary	L. Wes	slev		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADD	RESS (Street a	nd Number or Rural F			e, Zip Code)	
2	Barbara Gibbs		263	31 Tu:	rkey P	oint Rd.	, Nort	theast,	MD 21	L901
	20s. METHOD OF DISPOSITION 1 St Burlel 2 □ Cremetion 3 □ Remo	el from State	20b. PLACE OF other place)		N (Name of ce	netery, cremetory or		20c. LOCATIO	N — City or	Town, Blate
	4 Donation 6 Other (Specify)		Griffin	n Chu				Cedar	H111,	MD
	2. SIGNATURE OF FUNERAL SERVICE LICE	MSRE (I)				Funeral				
	MUM W	WAR	¥90860		-	Box 2593		n. DE	19805	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	RD (ACONSEQUE	CLE ENCE OF):						Onset and Daeth	
										4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							_   1	PERFORMEDT		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEATH (Ch	eck only one)			
SIC	1 Tes 2 No	HOSPITAL:	ER/Outpatient 3 🗆		HER: Nursing Hor	ne 5 🗆 Residence	5 Other (S	Specify)		
ВУ РНУ	27. MANNER OF DEATH Netural 6 Pending 2 Accident Investigation	28e. DATE OF I (Month, De	NJURY y, Year)	16b. TIME OF	W	JURY AT DRK? YES 2 NO	28d. DESCF	RIBE HOW INJUR	Y OCCURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At home itc. (Specify)	, ferm, stree	t, factory, offi	10		ION (Street and No Town, State)	umber or Rure	d Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER									e(s) and manner as stated.
TO BE C	296/SIGNATURE AND TITLE OF CERTIFIER Devil 1. Mys	rahet.	mp			294 LICENSE NUI	MBER LY	294	DATE SIGN	ED (Month, Day, Year)
	DANTE MINA	CIL, INT	> HAY	RE		GRACE	, Mr	0,2	1078	2
	SEP 21 190	Selia Da	Widon Rang	desse						DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 2

the funeral director, page 5 should be detached

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attending physician

certificate

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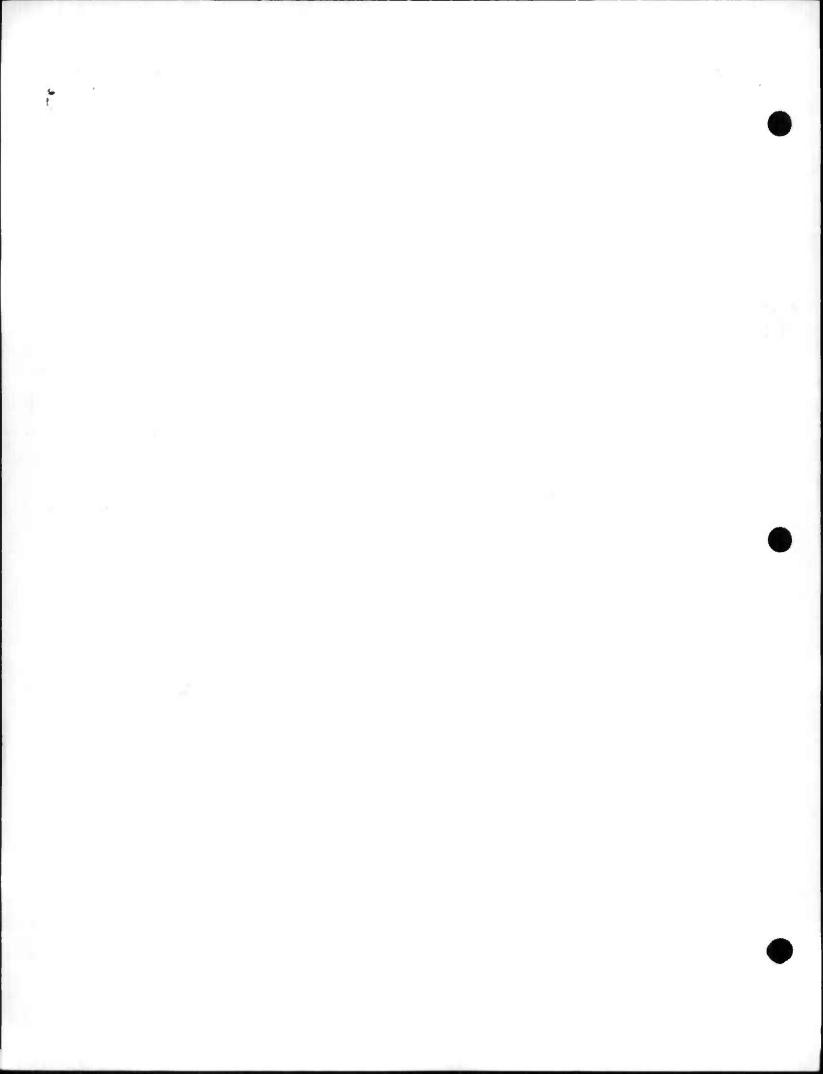
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STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH September 29, 1990 EARL MARTIN 6:20 P Lowell 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 197-09-2478 1 3/M 2 - F YRS. 25,1919 Ephrata 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland Allegany RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 TYES 2 NO Redford Penna. Hyndman FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15545 Box 141 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS
Single
Married
Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 TES 2 NO Specify: Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad Elementary/Secondery (0-12) College (1-4 or 5+) 12 vears Minister Ministry 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) ĕ BE Edna Heineman Ira Martin notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Rt 1 ROx 156 James

20b. PLACE OF DISPOSITION (Name of cametery, crematory or Pa 16657 pe 20c. LOCATION — City or Town, State
Rt. 403, P.O.Box 409 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION

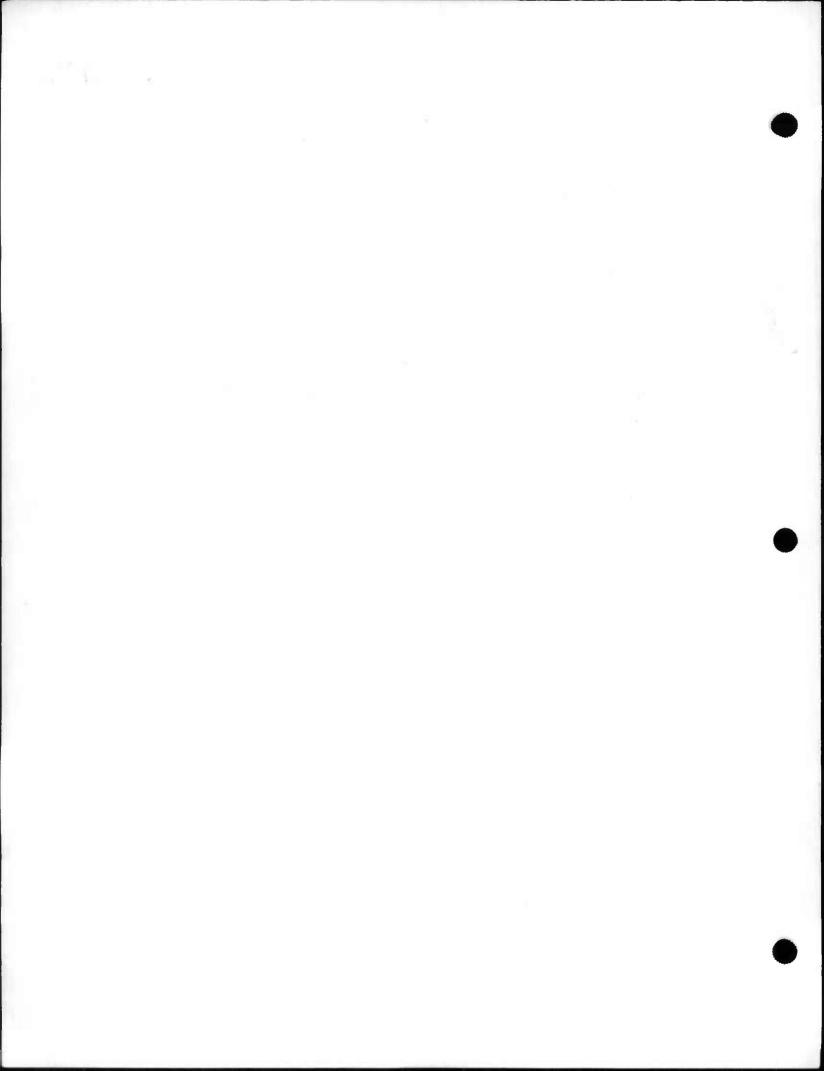
1 Burial 2 To Cremation 3 Removal from State
4 Donation 5 Other (Specify) must Rt.403, le Pa 15928 Si de Crematory
22. NAME AND ADDRESS OF FACILITY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Newman Funeral Homes, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abook, or heart fellure. List only one cause on each line. 21536 medical Approximate Interval Between ŏ Onset and Death IMMEDIATE CAUSE (Final completely filler, rial, cremation, t Acute Sinus the disease or condition avernous event, resulting in death) QUE TO (OR AS A CONSEQUENCE OF): burial, mone LANS Cympho a aulema traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) prior to if any, leading to immediate e. Enter UNDERLYING other CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten shows any injury. 24a. WAS AN AUTOPSY PERFORMED? PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL signed by t Health and COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO t. of h PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one, Item State HOSPITAL: OTHER: 1 YES 2 110 atient 2 - ER/Outpatient 3 - DOA 4 🗆 Nur ng Home 5 - Residence 6 - Other (Specify) 0 the 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 2ad, DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? marked, With 1 Natural 5 Pending М 1 YES 2 NO BY After death 2 Accident investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) -6 Could not be determined L DIRECTOR: A bours after d COMPLETED 4 🗌 Homicide 28 Hem 29a. CERTIFIER 1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. FUNERAL within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. within 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 를 볼 볼 mp Om 033280 9 30 9 0 299 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. S. Memorial Hospital Medical Bldg. Cumberland, MD 21502 Gupta ez., REGISTRADIS SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

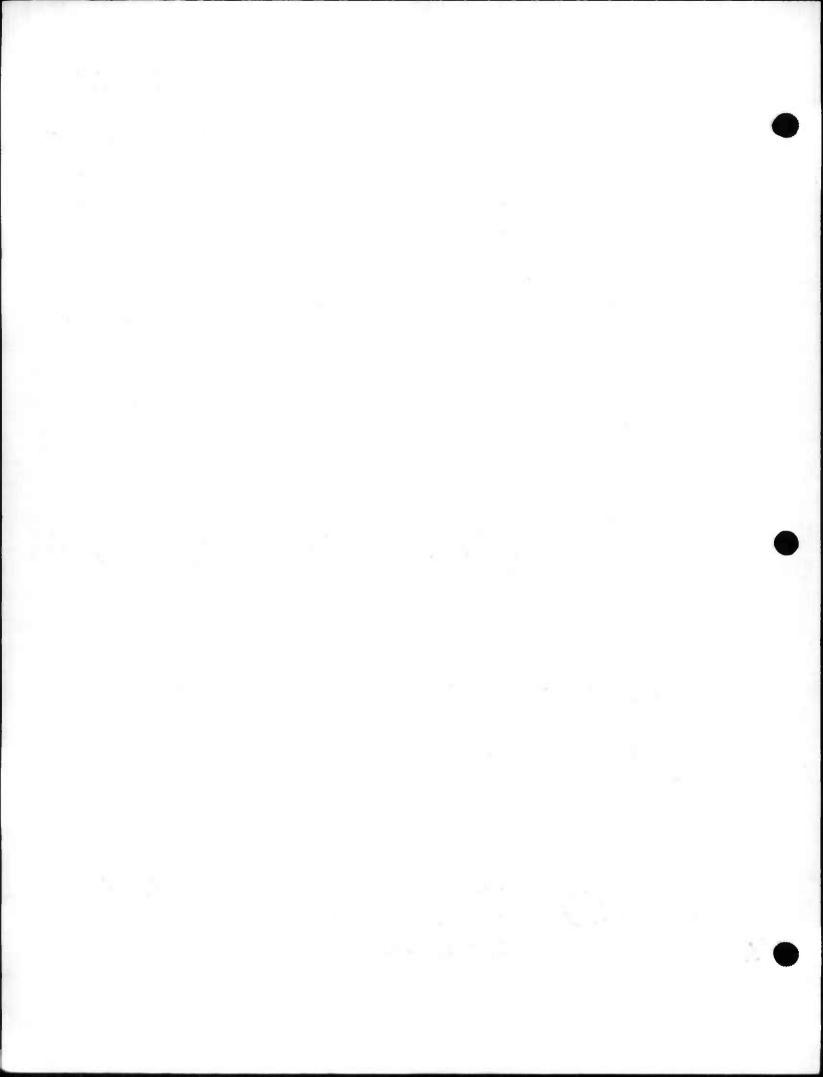


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach as the winth 27 hours after death with the State Devi or Health and Mental Haviere notor to build: cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fact that within 20 hours after death with the State Dent of Health and Mental Hodeline prior to build. Cremation, or removal.	rent,
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1 - STATE REGISTRAR	OIRIE OI III	CE	RTIFIC	CATE O	F DEATH		REG. NO.	•		
1. DECEDENT'S NAME (First, Middle, Last)			).			2. DATE	OF DEATH		EAR	3. TIME OF DEATH
WILLIAM R.				MCCR	DREM , JR.		ember 2			8:10 PM
4. SOCIAL SECURITY NUMBER	5. SEX 6	AGE (In yrs. last	birthday)	IF UNDER 1 YEA	IN IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	BIRTH	PLACE (State or Foreign
496-14-0640	1 № M 2 🗆 F	70	YRS.	ONTHS DAY	B HOURS MIN.	3-5	Dey. Year)	H C	UNI	NEWELL, MO
9a. FACILITY NAME (If not institution, give a					N OR LOCATION OF D			9c. COUNTY	OF DE	ATH
Peninsula General	Hospital	M.C.		Sali	isbury, MD	)		W	100	mico
10a. STATE 10b. COUNT	Y		10c. CITY,	TOWN OR LO	CATION				$\neg$	10d. INSIDE CITY
MD. WIG	COMICO		SA	LISBU	RY					LIMITS?
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZEI	N OF W	HAT COUNTRY?
1000 HARRING	CON STREE	ΞТ			21801			υ.	S.A	Α.
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN	? (Specify Yes	or No 14	. RACE	- American Indian,
1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAF W. W. II		10		, specify Cuban, Maxico YES 2 ND Specific		Rican, etc.)			White, etc.
15, DECEDENT'S EDU		16a. DE	CEDENT'S U	SUAL OCCUP	ATION	16b.	. KIND OF BUS	INESS/INDUS		
(Specify only highest grade	completed)	(G/	ve kind of wo Do NOT use	rk done during	most of working					
Elementary/Secondary (0-12)	College (1-4 or 5+)	CEN	TRAL	OFF.	FOREMAN	1 (	C&P T	ELE.C	0.	
17. FATHER'S NAME (First, Middle, Last)	- 2	JOBN	11(112	011.	18. MOTHER'S NA					
WILLIAM R. N	McCROREY	SR.			NETTIE					
19a. INFORMANT'S NAME (Type/Print)	Te on on E i		MAILING A	ADDRESS (Str	eet and Number or Rural			State 7in Co	ade)	
FRANCES J. Mc	CROREV				NGTON ST					21801
209_METHOD OF DISPOSITION	SKOKLI				f cemetery, crematory or		_	CATION — CIT	_	
1 A Burial 2 Cremation 3 Rem	oval from State	other pla	ece)		I. PARK			LISBU		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	MIC	OHIC		E AND ADORESS OF F	ACILITY	J JA.	птопо	IX I	, 110 .
		()			UNDS FUN		L HOM	E		
Aunia C	/ Jau	ner			5 E. MAI				RY	, MD.
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		on each line						ratory arres	τ,	Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEDUENCE OF):  DUE TO (OR AS A CONSEDUENCE OF):										
PERFORMED? AW CO 1 YES 2 NO OF									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
				100						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Т	OTHER:	6. PLACE DF DEATH (C	heck only or	ne)			
1 TYES 2 NO	1 Skinpatient 2 🗆		□ DOA	4 - Nursing	Home 5 - Residence	_				
27, MANNER OF DEATH	28a. DATE OF III (Month, Day		28b. TIME INJU	IRY	. INJURY AT WORK?	28d. DE:	SCRIBE HOW I	NJURY OCCU	RED	
1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho tc. (Specify)	ime, farm, st	reet, factory,	office		CATION (Street or Town, State)		Rural F	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS										) and manner as stated.
295 SIGNATURE AND TITLE OF CERTIFIE	SR .				29c. LICENSE NU	JMBER		29d, DATE S	SIGNED	(Month, Day, Year)
499/1	· Mi	· .			030	690		1 9	/5	0/90
\$6. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALISE	OF DEATH (ITE	M 27) (Type	Print)	100	010			-	170
James E, Mus	fly, m.	0. 1			Garroll	51	., 5.	1.50	ر ۱	Ne
31. DATE FILES MAONTH, Day, Many	32. REGISTRAR	S SIGNATURE							7.7	



	ſ	i	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF DEATH	DAY	3.	THE OF PEATHA	
	< I		John F. Mano	key						MONTH 9 17	90	YEAR	7:37 Am	
( D	N		4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- 0	Country)	ACE (State or Foreign	
16	A		218-20-6093	1 № M 2 🗆 F	82	YRS.	MONTHS	UAYS	HOUNS MIN.	Sept 18,	1907		Md.	
	0	4	Sa. FACILITY NAME (If not institution, give at	reet and number)	-	. ,	9b. CITY,	TOWN C	OR LOCATION OF DE	EATH	9c. COUNT		ТН	
6,	1	2	Dorchester 1	TEN HO.	spi Ta	1	Ca	nt	midge		20.	-che	ster	
**************************************	+	语	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	TION	·		10	Id. INSIDE CITY	
Pag.	Ì	DIRECTOR	mdi Dan		(	- 1	6	1200			1	LIMITS?		
permit. Pages		- 11	10s. STREET AND NUMBER	2			-000	101	ZIP CODE		10g. CITIZE	N OF WH	AT COUNTRY?	
SE.		FUNERAL	1015 Camplia	Cin				)	-1613		U	SA		
46 physician. burial-transit		5	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13. \	MAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify \	fee or No— 1	4. RACE -	- American Indian, Vhite, atc.	
a phy e bur		BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR					2 NO Specifi		- 1	Specifys	7/	
21203-3146 tal or attending physics as the buri			15. DECEDENT'S EDUC	ATION	Tee- DE	OF DENITIO		NO A DATIO	201	445 47010 05 0	1	-	slack	
or att			(Specify only highest grade	completed)	(G/	ve kind of Do NOT u	work done of se retired.)	luring mo	ist of working	16b. KIND OF B	USINESS/INDU	SIRT		
6 2	- {	PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)										
LAND 2 y the hospital be detached to	once.	COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, Middle, Maide	en Surname)			
- B B	75	EC	John F. M	TaroKe	V				Har	4ie M	. 4		0 <	
MARY retained to 5 should 1	notified	00	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	(Street a	and Number or Rural	Route Number, City or T	own, State, Zip C	Code		
2 5 W	100	5	Jequette Griffen 609 Dobson St. Cambridge, Md. 1613											
S may t	st be	THE METHOD OF DISPOSITION AND A LOCATION OF THE PROPERTY OF TH											, Stata	
Page 6	r must	i	1 @Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY											
F. Pa	examiner	1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	7	1	22.	HAME AP	ND ADDRESS OF FA	CILITY	/	0 /	- 1	
BALTIMORE, I ter death. Page 6 may be the funeral director, page wal.	ехэ		· Ganelle	Hen	Bus	R	1	len	- V Fun.	- Al Hon	ne (	emb.	Md.	
at A	medical		23. PART LEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final LYPETTOPINIC Cardiomyopathy Onset and Death Cardiomyopathy											
OF 50 0	E			Hy	pertrop	bhic	card	iomy	yopathy				Onsetvendpleath	
ulsease of condition									vo path	7		years		
146, rted wi compli	60		OUE TO (OR AS A CONSEQUENCE OF):											
13	traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											-	
Clan be		YAT	if any, leading to immediate cause. Enter UNDERLYING											
O. BC certificate ding physi		Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEC	WENCE O	F):							
	6	ERI	resulting in death) LAST	1										
S, P. the death the death the attent	Injury,		PART II. Other significant condition	a contributing to de	eath but not r	esuitina	in the un	derivin	a cause given in	Part I. 24s, WAS	AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
Dat the bad and bad and the ba	-	MEDICAL	Hypertens	2 77	pertens			,		PERF	ORMED?	A	VAILABLE PRIOR TO OMPLETION OF CAUSE	
CORD  uires that the signed by Health and	DWS 3		1/0					<del></del>		1   YES	2 NO		F DEATH?	
ш 8 5 5	2	- 1										'	YES 2 NO	
he law	Item 23	¥	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DEATH (C)	neck only one)				
F VITAL RI SICIAN: The law re certificate has bee	=	Sic	EXAMINER? 1 VES 2 XNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4   Nun		ne 5 🗆 Rasidenca	6 Other (Specify)				
OF VITAL PHYSICIAN: The la this certificate has with the State De	d, 0r	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIR	IE OF JURY		JURY AT	28d. DESCRIBE HOV	V INJURY OCCU	JRED		
G PHYS G PHYS Br this	marked	BY	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		М		YES 2 NO					
NDIN R. Aff	8		3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY — At ho c. (Specify)	me, farm,	street, fact	ory, offic	:0	281. LOCATION (Stree City or Town, Sta		r Rural Rou	ite Number,	
DIVISION  DR ATTENDING P  DRECTOR: After the	2 500 E	ETE	4 Homicide determined											
DIV L DR A	f Item	PL		CIAN: To the best of m	y knowledge, de	ath occur	red at the t	lme, data	and place, and due	to the cause(a) and r	nanner as atate	d.		
SPITS NERA	Ë	COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of exa	mination and/or	investigati	on, in my o	pinion, c	death occured at the	time, data and place,	and due to the	cause(a) s	and menner as stated.	
무 무 글 글	DRTA	ш	296. SIGNATURE AND TITLE OF CENTIFIES	7	11				29c. LICENSE NU	MBER	29d. DATE	SIGNED (A	Aonth, Day, Year)	
TO THE HOSPITAL OF TO THE FUNERAL D	N N	0 8	don't	en Jegl	Kun				D280	109	> /	117	170	
		-	30. NAME AND ADDRESS OF PERSON WH		1	M 27) (Typ	e, Print)	1	1d 2	1/17				
			31. DATE FILED (Month, Day, Year)		S SIGNATURE	191	1	1 30	10 L1	10/3				
X	-		SEP 25'90	Sidia	S SIGNATURE Davidson	Bon	1400							
	ν L		ULI ( ) 9()	- June	140007	1 1								



	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	= VITAL	RECOR	DS, P	0	BOX	13146,		BALTI	MORE	BALTIMORE, MARYLAND 21203-31	AND	21203-31
TO THE HOSPITAL (	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerodus after death. Page 6 may be retained by the hospital or attending	SICIAN: The I	aw requires that	t the deat	h certifi	cate be e	xecuted withi	Sinours i	after death.	Page 6 may	be retained by	the hospit	al or attending
TO THE FUNERAL I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	certificate ha	s been signed apt. of Health a	by the atte	Hygien	hysician e prior to	and complete burial, crem	tion, or re	by the funeral moval.	director, pa	ge 5 should b	e detached	for use as the
IMPORTANT: If I	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l, or item 2	23 shows am	Injury.	or oth	er traum	atic event,	the med	Ical examir	er must t	e notified a	t once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MAI	RYLAND / DEPARTMENT OF HEAD CERTIFICATE OF DE		HYGIENE 9	0 27631
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE (	OF OEATH DAY Y	3. TIME OF DEATH
KAREN BOY MASON		09	28 9	
The state of the s		UNDER 24 HRS. 7. DATE (	F BIRTH 6.	BIRTHPLACE (State or Foreign Country)
1 ☑ M 2 ☐ F	YRS.	OTTO MINT.	28/90	
9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LO	OCATION OF OEATH	9c. COUNTY	Y OF DEATH
GREATER BALTIMORE MEDICAL	CENTER TOWSON		BALT	IMORE
10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY
MD BALTIMORE				LIMITS?
10e. STREET AND NUMBER	10f. ZIP	CODE	10g. CITIZE	N OF WHAT COUNTRY?
1319 BONSALL STREET		.224		
11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEOENT F FORCES? 1	YES 2 NO If yes, specify	ENT OF HISPANIC ORIGIN Cuban, Mexican, Puerto R		Black, White, atc.
3 Widowed 4 Divorced IF YES, GIVE WAR	OR DATES 1 TYES 2	NO Specify:		Specify:
15. OECEDENT'S EOUCATION	16a. DECEDENT'S USUAL OCCUPATION		KIND OF BUSINESS/INDUS	TRY
(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of work done during most of life. Do NOT use retired.)	worrang		
17. FATHER'S NAME (First, Middle, Last)	16.	. MOTHER'S NAME (First, M	liddle, Malden Surname)	
19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and N	lumber or Rural Route Numb	er, City or Town, State, Zip Co	ode)
20a, METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cometer)		20c. LOCATION Cit	and Town Charles
1   Burlal 2\(\subseteq\) Cremation 3   Ramoval from Stata 4   Donation 6   Other (Specify)	other place) = Greater Balt. Me		Towson,	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				
> Roht Beling a	GBMC		arles Stree	t
23. PART i. Enter the diesesea, or complications that co		nore, MD 2		it, Approximate
ehock, or heert fellure. Liet only one cause		or dynig, soon as card	iac or reapmentory arres	interval Between
IMMEDIATE CAUSE (Final disease or condition				Onset and Death
resulting in death) s. CARDIAC	ARREST AS A CONSEQUENCE OF):			
	TY			
	AS A CONSEQUENCE OF):			
cause, Enter UNDERLYING CAUSE (Disease or injury				
that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):			
d				
PART ii. Other algnificant conditions contributing to de	ath but not resulting in the underlying ca	suse given in Part i.	24s, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
			1 YES 2 NO	COMPLETION OF CAUSE DF DEATH?
				1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OTHER:	E OF DEATH (Check only on	0)	
	VOutpatient 3 DOA 4 Nursing Home 5	Residence 6 🗆 Othe		
27. MANNER OF OEATH 28e. OATE OF IN. (Month, Day,	(bar) INJURY WORK?	2 NO 26d. DES	CRIBE HOW INJURY OCCU	RED
2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF II	IJURY — At home, farm, street, factory, office		ATION (Street and Number of	Rural Route Number
4 Homicide detarmined building, etc.			or Town, Stete)	
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the heat of rm	knowledge, death occurred at the time, data and	I place and due to the one	sale) and manner se at-to-d	
(Check only one)  2 MEDICAL EXAMINER: On the basis of exam				
29b. SIGNATURE AND TITLE OF CERTIFIER		o. LICENSE NUMBER	0000 - Control (Control	SIGNED (Month, Day, Year)
1 hours / ms	29	areas de Hember	<b>▶</b> <i>C</i>	7-30-02
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF OEATH (ITEM 27) (Type, Print)			20 70
- WIRMAN TORRE	5 - GBMR	ر		

FOR

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	IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mm.	Decrepto, After this conflicted has been signed by the ottending placinian and completely filled
)	PHY	ohin
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27632 90 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	TATALETTI DAM MEAN								3. TIME OF OEATH 11:55AM M	
	4. SOCIAL SECURITY NUMBER 140-64-1726	5. SEX	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Der 6-7-	y, Ybar)	Coun	NPLACE (State or Foreign try) nsvlvania
EQ.	9a. FACILITY NAME (If not institution, give Holy Cross Hos RESIDENCE OF DECEDENT				Spring		90	c. COUNTY OF		
REC	10a. STATE 10b. COUN			10c. CIT	TY, TOWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	Prince (	Georges		100	Laure:	1	10	OTIZEN OF	1 YES 2 NO
FUNERAL DIRECTOR	11506	Court		1.01	207	80		U.	S. A.	
B⊀	11. MARITAL STATUS 1. Never Merried 2 Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARN I YES 2 1 NO MAR OR DATES	MED O	it yes, spe	ENDENT OF HISPAN scify Cuban, Maxica 200 NO Specify	n, Puallo Ricar		Ble	CE — American Indian, ok, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementery/Secondary (0-12)	+) (GIv	re kind of Do NOT u	work done during mouse retired.)	st of working			SS/INDUSTRY		
S	17. FATNER'S NAME (First, Middle, Last)	4	COII	but	ar borem	18. MOTNER'S NA			e Rese	arch
BE C	Ja	mes T. Mu	irphy			Anr	ne M. V	Jagner		
TO B	19a, INFORMANT'S NAME (Type/Print)			MAILIN	G ADDRESS (Street a					
ř	James T. Murp	hy			aratoga F		rafford			
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE C other ple	ce)	SITION (Name of cer				Connob	ochen . PA
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE		00	22. NAME AN	ID ADDRESS OF FA	CILITY Man	rzullo	Funer	al Service
	> muchael 1	Pomars	edle-		3981	Carroll	ton Ros	ad Up	perco,	MD. 21155
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, iseding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								Interval Between Onset and Death	
CEF	d									
I: MEDICAL										MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C/	neck only one)			
SIC	¥XYES 2 □ NO	1 - Inpatient	SR/Outpatient 3	□ DOA	OTHER: 4   Nursing Hore	e 5 🗆 Raeldenca	6 Other (S	pecify)		
	27. MANNER OF DEATH  1 Manual 5 Pending 1 Accident Investigation		F INJURY Day, Year)	28b. Ti		URY AT ORK? YES 2 NO	28d. DESCR	IBE HOW INJU	JRY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	28a, PLACE	OF INJURY — At hor p, atc. (Specify)	INJURY — At home, farm, street, factory, office				ON (Street end lown, State)	Number or Rura	I Route Number,
COMPLETED	anal only	YSICIAN: To the best of								o(a) and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	7(X)~				29c. LICENSE NU OCME	MBER	2		EO (Month, Day, Year) -24-90
	ANN M. DIXON, MD		J., 8		enn Stre	et,Balti	more,M	1D 212	01	V
	SEP 26 90	29 Maisw	AMES SISTINATURE							

the ho	detact	once
8	2	75
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact has find within 70 hours after death with the State Deat of Health and Mental Hydiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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age	direc	er m
death. F	funeral	examin
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END.	R. A	-99
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98	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune find within 70 hours after death with the State Deot of Health and Mental Hydiene prior to burlat, cremation, or removal.	Hem
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE	0F		DEPARTMENT				MENTAL	HYGIE	NE
		CI	ERTIFICATE	0	F DEAT	ΓH		REG. NO	O.
	-			-					_

•	FOR STATE REGISTRAR		STATE OF MA	ARYLAN	D / DEPAR CERTIF				MENTAI	HYGIENI REG. NO.		90	27633
	1. DECEDENT'S NAME (First, Eva Eliza		Moon							0F DEATH	60 Y	EAD	E OF DEATH
	4. SOCIAL SECURITY NUMBER 213-22-15			8. AGE (In y	s. last birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month 1 () — ()	OF BIRTH ), Day, Year) ) 2 - 0 0		Country)	(State or Foreign Virginia
	9a. FACILITY NAME (If not ins	Road	reet and number)					r Location of DE 7ater	ATH		e. countre Ann	of DEATH e Aru	ndel
	RESIDENCE OF DEC	10b. COUNTY	,		10c. CIT	Y, TOWN OF	LOCAT	ION				10d.	INSIDE CITY
	MD	Anne	Arundel		Edg	ewa	_					1 🗆	YES 2X NO
	663 Mayo	Road					10f.	21037			US.	n of what o A	COUNTRY?
	11. MARITAL STATUS  1 Never Merried 2 3 Wildowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2	I X NO	lf.	yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 NO Specify	n, Puerto I		or No— 14	Black, Whit	nerican indien, e, etc. Vhite
	15. DECI (Specify only Elementery/Secondary (0-	EDENT'S EDU	CATION completed) College (1-4 or 5 +)	16	e. DECEDENT'S (Give kind of life. Do NOT u	work done di se retired.)	uring mos	st of working	186	. KIND OF BUS			
	7th				Catal	.ogue	Sa			Retai		ore	-
l	17. FATHER'S NAME (First, MI) William C							Lily					
	Stephen M		ter					0027,				21865	5
	20a, METHOD OF DISPOSITI 1 ABurial 2 Cremetlo 4 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. Pt H 1	ace of dispo	sition (Nan	eme	etery			cation — cit		
	21. SIGNATURE OF CUMERAL	L BERVICE LIC	Harde	blus				sty Full					)
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	aart fallure.	List only one caus	e on eact	ilna.			de of dying, suc				t,	Approximate Interval Batween Onset and Death
					ONSEQUENCE O								
	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inlu	diate	DUE TO (C	OR AS A CO	ONSEQUENCE C	OF):							
	that initiated events resulting in death) LAS		DUE TO (0	OR AS A CO	ONSEQUENCE O	)F):							
	PART II. Other elgnifica	int condition	ns contributing to d	leath but	not reculting		derlyin	g ceuse given in	Part I.	24a. WAS AN PERFOR 1 TYES 2	MED?	AWAIL COMI OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \( \text{NO} \) NO
	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH (Ch	eck only o	ne)	11	-	
i	1 VES 2 NO		1 □ inpetient 2 □ 28e. DATE OF i	NJURY	28b, TII	ME OF	28c. INJ	URY AT		SCRIBE HOW I		PIC P	
Ì		Pending investigation	(Month, Day			M	1 🗆	PRK? YES 2 NO					
		Could not be determined	28e. PLACE OF building, s	INJURY — itc. (Specify)	Al home, farm,	atreet, facto	ory, offic			or Town, State)		Rural Route I	Number,
	CONSCIL ONLY		ICIAN: To the best of r										manner se stated.
	29b. SIGMATURE AND TITLE	OF CERTIFIE	April I		MO			29c. LICENSE NU	MBER 6 54	1	29d. DATE	BIGNED (Moni	th, Day, Year)
	30. NAME AND ADDRESS OF	Co cley	11 /	olu-t	1 (ITEM 27) (Typ	e, Print)	te	2525		10 8	/ A	nnun	lic mo
	31. DATE FILED (Month, Day,	Year)	32. REGISTRAF			e Jiu	1,0	0303	1-10	71 1	1		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attention of THE FUNERAL DIRECTOR. After this certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should

1	-	FOR STATE REGISTRAR
	-	COCDENZIO NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27634 90

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF	DEATH		REG. NO.				
ļ	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATN		YEAR	3. TIME OF DEATH	
l d	Stephar	nie	Anne	No	bilio			MONTH 9-	16-90	W	YEAR	7:10AM	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE O	E BIRTN		8. BIRTN	IPLACE (State or For	elgn
	215-04-9569	1 🗆 M 2 🖾 F	19	19 YRS. MONTHS DAYS HOURS			HOURS MIN.	Feb. 26, 1971 Wa			Wash	ington, I	.c.
	9a. FACILITY NAME (If not institution, give a		-	9b. CITY. TO	O MWC	R LOCATION OF DE	ATN			NTY OF D		-	
TOR	Naval Ordnance St			Inc	lia	n Head Charles	Coun	Ły			County		
REC	10e. STATE 10b. COUNT		10c, CIT	Y, TOWN OR	LOCAT	ION					10d. INSIDE CITY LIMITS?		
ā	Virginia A	clington			Ar	1ir	ngton					1 - YES 2 X	10
AL	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
띪	3014 South Columb	ous Stree	et				22206				U.S	S.A.	
BY FUNERAL DIRECTOR	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1	IT EVER IN U.S. ARI I YES 2 XIN MAR OR DATES		if y	es, spe	ENDENT OF NISPAN polity Cuben, Mexical NO Specify	n, Puerto Ri	(Specify Yea cen, etc.)	or No—	14. RACE Black Speci	E — American India k, White, etc. nWhite	n,
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a, DEC	CEDENT'S	USUAL OCC	UPATIC	N	16b.	KIND OF BUS	INESS/INI	DUSTRY		$\neg$
ᇤ	Elementary/Secondary (0-12)	College (1-4 or 6	Ma	Do NOT u	work done dun se retired.)	ing mo	st or working						
립	12		Secr	etai	ry Wor	d F	rocessor	Ad	vance	d Mar	rine	Technolo	ogy
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NA	ME (First, M	iddle, Maiden	Sumame)			
BE C	Anthony S. Nob	ilio, Sr.					Shar	con N	. Win	kler			
	19a, INFORMANT'S NAME (Type/Print)						nd Number or Rural F						
2	Sharon N. Winkler	:	3	3014	South	Co	olumbus S	st. A	rling	ton,	Va.2	22206	
	20e. METNOD OF DISPOSITION 1-A Burlet 2 Cremetton 3 Rem	nount from State	20b. PLACE (	OF DISPO	SITION (Name	of cen	netery, crematory or				City or To		$\neg$
	4 Donation 5 Other (Specify)	IOVER ITOM STATE	Ft.	Line	coln C							Maryland	
	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE	11	1	22. NA	ME AN	D ADDRESS OF EA	CILITY	Funer	a1 H	OMA.		
	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF EACH ITY George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.												
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.												
	ahock, or heath feliure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease or condition	. Multi	nle iniu	ries									
	resulting in death)		O (OR AS A CONSEC									+	
_													
CERTIFICATION	Sequentially list conditions, If any, leading to immediats  b. DUE TO (OR AS A CONSEQUENCE OF):												
8	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
틸	that initiated events	DUE TO	OR AS A CONSEC	UENCE (	OF):								
ᇤ	resulting in death) LAST	d											
	PART II. Other algnificant conditio	na contributing to	daeth but not r	esulting	In the unde	erlylne	g cause given in	Part I.	24a, WAS AN	AUTOPSY	246	. WERE AUTOPSY FII	NDINGS
DICAL	- 50							1	PERFO			AVAILABLE PRIOR ' COMPLETION OF C	
1 iii 1			-					-	XXYES :	U NO		OF DEATH?	
Σ								- 1				XADKAES 5 □ P	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. Pt	ACE OF DEATN (Ch	neck only on	p)				
띯	EXAMINER?  1 TYPES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:		e 5 🗆 Residence			· 1	- 1		
Ě	27. MANNER OF DEATN	28a. DATE O	F INJURY	28b. Tt			URY AT		CRIBE HOW				-
	1 Netural 6 Pending	9-16	Day, Year)		9AM		YES 2 NO	Pass	senger	on	boat	that st	ruck
BY	Suicide 6 Could not be	28a, PLACE	OF INJURY - At ho			_	4343	261. LOC	ATION (Street	end Numbe	or of Rural	that st	$\neg$
	4 Nomtcide 6 Could not be	building	, atc. (Specify)	Po	tomac	Ri	ver	Poto	omac F	iv er	, Ch	arles Co	.,MD
	290. CERTIFIER	NOIAN. To the being	d en beendaden de	-4b	and at the time	- data	and place and due						
M M	(Check only one) 2 CHIPTING PHTS	SICIAN: To the best of										a) and menner ee s	totad.
COMPLETED	7=10.			vocigat	ar my opi								
BE	290. FIGNATURE AND TITLE OF CERTIFIE	160,00					29c, LICENSE NUI	MBER		29d. DA		0 (Morith, Day, Year)	
0	mas I me	Jur					OCME				9	-17-90	
-	30. NAME AND ADDRESS OF PERSON W		USE OF DEATN (ITE	М 27) (Тур		200	n Ctuant	יוהם	- i m	B.AT	2120	1	
	MARGARITA A. KC 31. DATE FILED (Month, Day, Year)				TTT 1	en	n Street	,Balt	THOLE		Z1Z0	T	VC
		r 32. REGISTA	AR'S SIGNATURE										- 1

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_1	REGISTRAR		CE	RTIF	ICATE	OF	DEATH	1	RE	a. NO.			J 6.	10									
i	1. DECEDENT'S NAME (First, Middl	le, Last)		ı			•		DATE OF DE	ATH DAY	V	3. 1	TIME OF DE	ATH									
ı	Elsie HELE	MATCHETA							eptem	ber 1			12:05	D									
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. les	t birthday)	IF UNDER	DAYS	IF UNDER 24	HRS. 7.	DATE OF BIR (Month, Day,	TH	8.		CE (State or I										
	219-34-4188	1 □ M 2 🂢 F	88	YRS.	MONTHS	DAYS	HOURS. 1	FI	EB. 14	,1902		GE RMA	NY										
	9e. FACILITY NAME (If not institution						R LOCATION	OF DEATH	ı			OF DEATH	ı										
	Deer's Head Center Salisbury Wicemic										mice												
H	RESIDENCE OF DECEDENT         10c. CITY, TOWN OR LOCATION         10d. INSIDE CITY           10e. STATE         10b. COUNTY         10c. CITY, TOWN OR LOCATION         10d. INSIDE CITY											ГҮ											
1	MARYLAND	WICOMICO			ALIS								LIMITS?										
	10e. STREET AND NUMBER	W10011100					ZIP CODE			10	n. CITIZEN		COUNTRY?	K									
	RT # 1, BOX 7.	50 - STEPHENS	ROAD				21	801				USA											
	11. MARITAL STATUS  1 X Never Married 2 Marrie	12. WAS DECEDENT I	EVER IN U.S. AR	MED					ORIGIN? (Spe uerto Rican,		14.	Black, Wh	American Inc illa, stc.	dien,									
ı	3 Wildowed 4 Divorced	IF YES, GIVE WAI			1	YES	2 XNO	Specify:		**		Specify:	WHITE	7									
ŀ	15 DECEDEN	T'S EDUCATION	160 DE	CEDENTS	USUAL OC	CHARATIC	NA.		I san rano	OF BUSINE	ee/INDUST		WILLIE	-									
-	(Specify only high	est grade completed)	(G		work done d		st of working		IOU. KIND	OF BOSINE	33/1110031	· ·											
	6 YEARS	College (1-4 or 5+)		HOUS	E WO	RK				1	HOME												
ŀ	17. FATHER'S NAME (First, Middle,			11000	IL WO	Ital	18. MOTHE	R'S NAME /	(First, Middle,	Maiden Sum	ame)												
	GUSTAV		NEUMAI	N			EMMA	THE OWNER OF THE OWNER O	LOUIS			ULTZ											
I	194, INFORMANT'S NAME (Type/Pr								Number, City			de)											
	HERMAN NEUMA	N-BROTHER		RT 1,	BOX	750	), SAL	ISBU	RY, M	218	01												
I	20e. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3	9/17/90					netery, cremete	ory or		20c. LOCATI													
I	4 Donation 5 Other (Spec		SMUL	LEN (	CEMET	ERY				SALI	SBURY	Y, ML	)										
į	21. SIGNATURE OF FUNERAL SEA	MICE LUCENSEE			22. I	NAME A	D ADDRESS	OF FACILITY IN A	T HOM	E PA													
1	HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801																						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, shock, or heart failure. List only one cause in each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Cengestive Heart failure  DUE TO (OR AS A CONSEQUENCE OF):											Onset a	own										
	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):																						
	reaulting in death) LAST	d																					
1	PART II. Other aignificant or	onditions contributing to d	eath but not i	resuiting	in the un	darlvin	g cause giv	ven in Par	rt i. 24a.	MAS AN AUT	OPSY	24b. WE	RE AUTOPSY	FINDING									
ı									- 1	PERFORME	03		MPLETION OF										
ı									-   10	YES 2	NO		DEATH?	3.44									
									-			] 10	YES 2	NO									
1	25. WAS CASE REFERRED TO ME	DICAL				28 -01	LACE OF DEA	TH Check	ontronal														
	EXAMINER?	HOSPITAL:			OTHER	R:				av.													
ł	27. MANNER OF DEATH	1 Inpatient 2 -		28b, TIN			URY AT		Other (Spec	-	RY OCCUE	RED											
	1 Netural 5 Pend	(Month, Day		IN	JURY	WC	YES 2		ou, Describe	11011 11100	111 00001	NED.											
1	T   Incoment	tigation 28e. PLACE OF	INJURY — At he	ome, farm	street fact			$\rightarrow$	M. LOCATION	(Street and	Number or	Rual Route	Number										
	3 Suicide 8 Could 4 Homicide detari	d not be building, e	tc. (Specify)			.,,			City or Tow				, , , , , , , , , , , , , , , , , , , ,										
296. CERTIFIER																							
S Could not be detarmined building, etc. (Specify)  29s. CERTIFIER (Check only one)  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. SIGNATURE AND TITLE OF CERTIFIER  29s. LICENSE NUMBER  29d. DATE SIGNED (Mogth, Day, Year)									stated														
										30. NAME AND ADMRESS OF PER	The same of the sa	-	14 AT 7	- Philash		טסוע	رن			11	141	10	
											153 5 10 10 1						2040						
	I, HWANG,	M. D. Deer's	Head (	cent	r, P	.0.	Bex 2	2010	Salis	DULY.	Md.	2180	)2										
- (1)	21 DATE EN ED Chart Day 14 - 1		O CLOSE STILL										177										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	Sau Lour	Rando	82								122										

A serie of the later of save a

mit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN	9	0 27636
	PECEDENT'S NAME (First, Middle, Last	When a Cather	7	) ^{0 'Coni}	nell	2. DATE OF DEATH MONTH DA	90	
	4. SOCIAL SECURITY NUMBER 578-24-0692	1 🗆 M 2 🗹 F	92 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 01-26-	98	Country) VIRGINIA
TOR	9a. FACILITY NAME (If not institution, give BRADFORD OAKS RESIDENCE OF DECEDENT	street and number) Hom			FOW, ML		PRINC	e GEOLGE
FUNERAL DIRECTOR	10b, COUN	nce Georges		own or locati				10d. INSIDE CITY LIMITS7 1 YES 2 NO
FRAL	100. STREET AND NUMBER 7421 Machber	Pike		101.	20747			OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 K NO	13. WAS DECI	city Cuban, Mexicer	IC ORIGIN? (Specify Yea n, Puerte Rican, etc.)		RACE — American Indian, Black, Whita, etc. Specify:W111C
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		Give kind of work life. Do NOT use re	done during mos etred.)	N at of working	U.S.	Govern	
COM	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden		
BE	Walter S  19a. INFORMANT'S NAME (Type/Print)	trobert	1 405 MAIL 1910 AD	DDEED (Out of		unobtainab		
5	Peggy Os	borne				restville,		20747
	20e. METHOO OF DISPOSITION  1		LACE OF DISPOSITION (The place) ashingtor				tland,	or Town, State MD.
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE			E. Wilh	-1- T-0		itland Rd. d, MD.20746
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (OR AS A CC.  DUE TO FOR AS A CC.  DUE TO FOR AS A CC.  DUE TO FOR AS A CC.	CALLED ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):	10	Mali	1	retory arrest,	Approximata interval Between Onset and Death  2 MINS.  1 MM.
AL	PART II. Other algnificant condition		not resulting in t			Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
PHYSICIAN: MEDIC	Chrch	ui angest is	va He	ert I	ailure	1 TYES 2	DKN0	OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chi	sck only one)		
HYS	1 YES 2 NO	1 □ Inpatient 2 □ ER/Outpatie		Nursing Hom	e 5 Residence	8 ☐ Other (Specify)  28d. DESCRIBE HOW I	NURY OCCUR	ED
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJUR	Y WO	RK? /ES 2 NO	300. 500,01100 71011		60 M
	2 Accident Investigation 3 Sulcide 6 Could not b 4 Homicide determined	28e, PLACE OF INJURY -	At home, farm, stre	et, factory, office		28f. LOCATION (Street of City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	anal .	/SICIAN: To the best of my knowled						luse(a) and manner as stated.
SAJ .	29b. SIGNATURE AND TITLE OF CERTIF	IER	h D		29c. LICENSE NUM	MBER	29d. DATE SI	GNED (Month, Day, Year)
TO B	30 NAME AND ADDRESS OF PERSON V	YHO COMPLETED CAUSE OF GEATH	NU	due)	10022	37 Md	19/	12/40
	Kishard H. Fa	USM, M.D.	n (HEM 27) (Type, Pr	1282	5014	20744	1- 1-1	wasn. 1'10
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATI	URE de DO					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital to THE FUNEPAL ORFOTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached the be fined within 72 hours after death with the State Dept. Or Health and Mental Hygiene prior to burist, cremation, or removal.  MADORTABLY HI HAM 28 Is marked, or Hem 23 shows any Indiry, or other traumstic event, the medical examiner must be notified at once.	

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 2 death. Page 6 may be retained by the hospital

REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR September 14 wens 1209 990 LOLA DELLA 6. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 6. AGE (In yrs. last birthday) 214-10-8559 1 M 2 KF YRS 82 DEC. 22,1907 MARYLAND 9a. FACILITY NAME (If not institution, give street 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Salisbury Wicomico Peninsula General Hospita 10c CITY TOWN OR LOCATION 10e STATE 10b. COUNTY 10d. INSIDE CITY MARYLAND WICOMICO SALISBURY 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21801 1501 IRIS DRIVE USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 24 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION secify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 6 YEARS SHIRT FACTORY NO SEAMSTRESS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HERMAN **CHATHAM** MARY (unk) ANN BROMBLY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 DORIS McGEE- DAUGHTER 1501 IRIS DRIVE, SALISBURY. MD 20a. METHOD OF DISPOSITION 9
1 St Burlal 2 Cremation 3 Rem
4 Donation 5 Other (Specify) 9/18/90 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State WICOMICO MEMORIAL PARK SALISBURY, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY HOLLOWAY FUNERAL HOME, PA 501 SNOW HILL RD, SALISBURY, MD 21801 23. Page i. Enter the diseases, or complications that cap the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, each line. shock, or heart failure. List only one cause of Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) erebuovasc P DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata CERTIFICAT Cause Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO ent 2 ER/Outpatient 3 DOA ng Home 5 Residence 6 Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and m 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d, DATE SIGNED Month, Day, You BE 02 111 2 IPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) AME AND ADDRESS OF PERSON WHO 6 J 07 OC 32 BEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

1 6 3 6

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wal,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
באבווווסחר, וווסחוובסו	DIVISION OF VITAL PECCHES, T.C. DOX 13149,

		)."							
_	1 - FOR STATE OF REGISTRAR			RTMENT OF H		MENTAL HYGIEN REG. NO		27638	
	1, DECEDENT'S NAME (First, Middle, Last)		7	0.4	4-1	2. DATE OF DEATH			
	NETTIE			Out	,,,	SEPTEMBE			
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0	HRTHPLACE (State or Foreign country)	
	217-01-6800 10 M2 XF	89	YRS.			Dec.13,19	900 N	Maryland	
DIRECTOR	9e. FACILITY NAME (If not institution, give street and number) Peninsula General Hospital RESIDENCE OF DECEDENT				bury, MD		icomico		
E	10e, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY	
뜸	Maryland Worcester	_	PC	comoke				LIMITS?	
	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1313 Dorchester Stree	et			21851		US	SA	
3		NT EVER IN U.S. AF				IIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indien, Black, White, etc.	
- 0		1 YES 2 XI WAR OR DATES	40		2 □MO Specify	n, Puerlo Rican, etc.) /:		Specify:	
) BY	***							white	
ETED	15, OECEDENT'S EDUCATION (Specify only highest grade completed)	/G	ive kind of	USUAL OCCUPATION  work done during moves  ise retired.)		16b. KIND OF BU	SINESS/INDUST	RY	
12	Elementary/Secondary (0-12) College (1-4 or :	i+)		sewife					
COMPL	17, FATHER'S NAME (First, Middle, Last)		nous	SEMILE	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
EC	John Dale Blades				STATES OF THE ST	lotte Bu			
00	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	G ADDRESS (Street a		Route Number, City or Tow		lo)	
5	Willard D. Outten		3615	Johns	on Road	, Pocomo	ke, Mo	1. 21851	
	20a, METHOD OF DISPOSITION	20b. PLACE	OF DISPO	SITION (Name of ce			CATION — City		
	Other (Specify)   Removal from State   Other (Specify)   Remson Methodist Cemetery   Pocomoke, Md.								
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE  22, NAME AND ADDRESS OF FACILITY  MELSON FUNERAL HOME								
ļ	Scotts melan						oko N	Md. 21851	
	23. PART I. Enter tha diseases, or complications the	at caused the de	eath. Do						
	ahock, or heart failure. List only one c							Intarval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition	t	Wa.	4 1	1:0				
	disease or condition as. Conserture Heart failure  DUE TO (OR AS) CONSEQUENCE OF):  Sequentially list conditions  b. Carute Myocorshall Information								
2	aute Myocarshal Interction								
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	O (OR AS A CONSE	QUENCE	OF):					
S	cause. Enter UNDERLYING CAUSE (Disease or injury								
= 1	that initiated events resulting in deeth) LAST	O (OR AS A CONSE	QUENCE C	OF):					
H	d.								
- 1	PART II. Other aignificant conditions contributing	o death but not	resulting	in the undarlyin	g causa given in			24b. WERE AUTOPSY FINDINGS	
MEDICAL	acute Remed	? You	lur	_		PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
		/						1 YES 2 NO	
-						_		•	
¥	25. WAS CASE REFERRED TO MEDICAL			Y	LACE OF DEATH (Ch	eck only one)			
Sic	1 VES 2 NO HOSPITAL:	☐ ER/Outpatient :	DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 28a. DATE (Month,	Dey, Year)	26b. TII		JURY AT ORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
ВУ	Netural 5 Pending			M 1 🗆	YES 2 NO				
		OF INJURY — At hi g, etc. (Specify)	ome, farm,	street, factory, offic	:0	281. LOCATION (Street City or Town, State		lural Floute Number,	
ETE									
IPL	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated.								
COMPLETED	000) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner se stated.								
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	11			29c. LICENSE NUI		29d, DATE SH	GNEO (Morith, Day, Year)	
10	Koneled F-	MM			DSG	2 TG		9/23/70	
P 1	38. NAME AND APPRESS OF PERSON WHO COMPLETED CA	USE OF DEATH (ITE	M 27) /5m	a Print)				/	

32. REGISTRAR'S SIGNATURE
July Davidson-Randall

7 '90

SEP 2

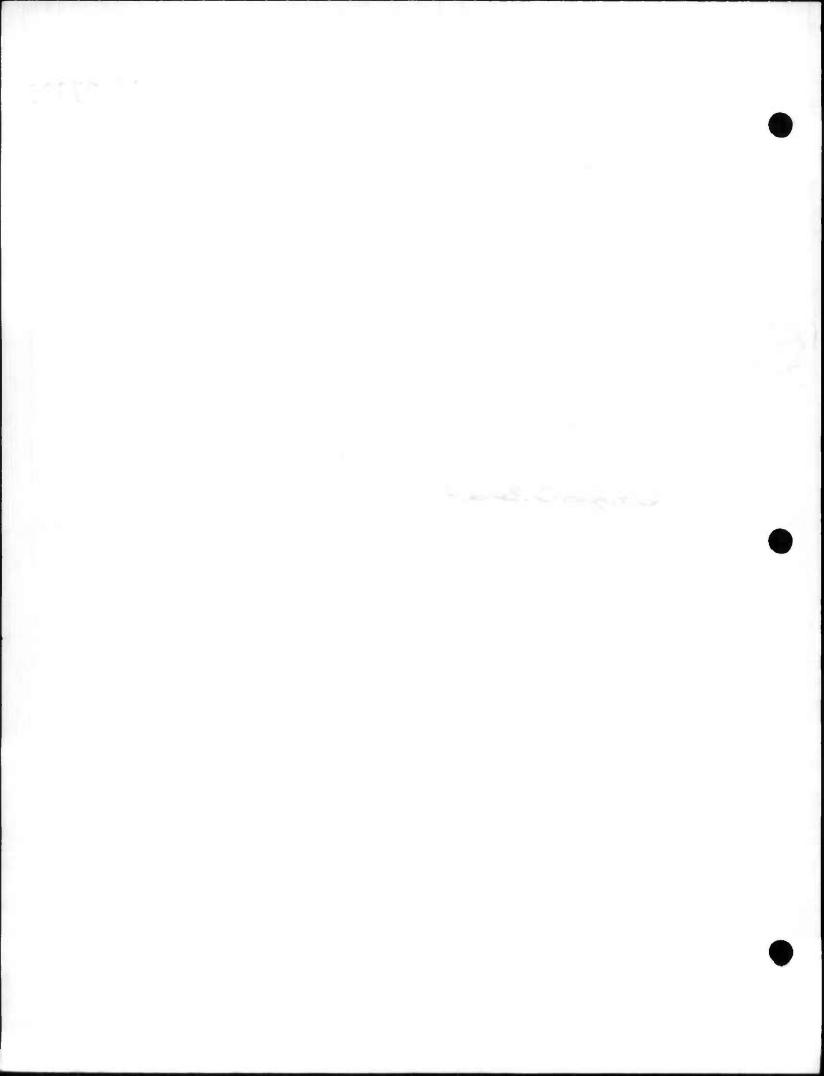
6	within .
13146	e be executed within 24
×	2
BO	tificate
O	8
σ.	death
S	the
H	that
3ECC	W: The law requires that the death certificate
	AR.
M	른
N OF VITAL RECORDS, P.O. BOX 13146	PHYSICIAN:
DIVISION	DR ATTENDING PHYSICIAN
=	DR
	-

BALTIMORE, MARYLAN

the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the ATTENDING PHYSICIAN and completely filled in by the funeral director, page 5 should be demanded filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF	F MARYLAND / DI	EPARTMENT OF I		ENTAL HYGIENI REG. NO.	E	90 27639					
į	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH DA	у ув	3. TIME OF DEATH					
		del	Parsons		9-2		3 4 30 Ru					
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 1	6. AGE (In yrs. last bir	vrs. IF UNDER 1 YEAR MONTHS DAYS	MONTHS NOW	7. DATE OF BIRTH (Month, Dey, Year) May 30, 1		SHITHPLACE (State or Foreign Country) Virginia					
	9a. FACILITY NAME (If not institution, give etreet end number	- 00	9b. CITY, TOWN	OR LOCATION OF DEAT		9c. COUNTY						
E I	118 Monroe Street		Rocky	ille		Mont	gomery					
ğ	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		IOC. CITY, TOWN OR LOCA	71011			Last mores over					
DIRECTOR	Connecticut Litchfield		Kent	HON			10d. INSIDE CITY LIMITS?  LXXYES 2 □ NO					
ار	10e. STREET AND NUMBER			1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?					
FUNERAL	16 South Main Street			06757		U.	S.A.					
5		EDENT EVER IN U.S. ARME		CENDENT OF HISPANIC pecify Cuben, Mexican,		or No- 14.	RACE — American Indian, Black, White, atc.					
ВУ		IVE WAR OR DATES		2 XNO Specify:	,		White					
	15. DECEDENT'S EDUCATION	16e. DECEI	DENT'S USUAL OCCUPAT	ON	16b. KIND OF BUS	INESS/INDUST	TRY					
Ē	(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4)	or 5+) // // // // // // // // // // // // //	kind of work done during mo NOT use retired.)	ost of working								
COMPLETED	8	Sa	ales Clerk			Reta	11					
	17. FATHER'S NAME (First, Middle, Leet)  John	C	oates		E (First, Middle, Malden	Surname)	Tiee					
BE	19e. INFORMANT'S NAME (Type/Print)		AAILING ADDRESS (Street	Sophie		State Zin Cor						
2	Burton R. Parsons		South Main				,,					
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State	20b. PLACE OF	DISPOSITION (Name of co	metery, crematory or			or Town, State					
	4 Danetian 6 Other (Specify)	Good	d Hill Cem			nt, Co	nnecticut					
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	0	Robei	np address of facility A. Pump ville, Inc	hrey Fune	ral Ho	me					
	Douglas C. 8		Aven	<u>ie, Rockvi</u>	lle, Mary	land	20850-2805					
	23. PART i. Enter the diesess, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final											
	resulting in deeth) a	E TO (OR AS A CONSEQUE	ENCE OF):	N2 age	67 -	34.04						
z	C 6.											
CERTIFICATION	if any, leading to immediate	E TO (OR AS A CONSEQUE	ENCE OF):									
FIC/	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	IE TO (OR AS A CONSEQUE	ENCE OF):			_						
F	resulting in deeth) LAST											
	PART II. Other significent conditions contribution	on to death but not rea	uiting in the underlyi	o ceuse given in P	Part I. 24e. WAS AN	VSGOTILA	24b. WERE AUTOPSY FINDINGS					
CAL	TAIT II. Otto significant conditions conditions	ig to double but not rea	atting in the underly	ig couse given in r	PERFOR	IMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
ED					1 🗀 YE\$ 2	₹ Mo	OF DEATH?					
2					_							
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  HOSPITA	1.	OTHER:	PLACE OF DEATH (Chec	ck only one)							
YSI	YES 2 NO 1 Inpatien	t 2 ER/Outpatient 3	DOA 4 - Nursing Ho	me 5 Reeldence 6			-					
PH		TE OF INJURY onth, Day, Year)	INJURY	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCUR	EO					
ВУ		ACE OF INJURY — At home			281. LOCATION (Street		Rural Route Number,					
Ë	4 Homicide determined	Iding, etc. (Specify)			City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only	est of my knowledge, death	h occurred at the time, da	e and place, and due to	o the cause(a) and me	nner as stated.						
OM	one) 2 MEDICAL EXAMINER: On the bas	s of examination end/or inv	restigation, in my opinion,	death occured at the ti	ime, date and place, er	d due to the c	ause(e) and manner as stated.					
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0.		29c. LICENSE NUME	BER	29d. DATE S	IGNED (Month, Day, Year)					
6	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF OFATH (ITEM	27) (Type Print)	202	776	7	- 2 > 10					
	John Ta	war.	and the second s	2003	CONSI	K The	Aug					
	31. DATE FILED (Month, Day, Year) 32. REG	ISTRAR'S SIGNATURE										
	SEP 24 '90 Jul	hia Davidson Par	ndelle									



- STATE REGISTRAR		OINTE OF T	CE			OF DEA		WEIT IF	REG. N	D.	9 0	tu / (	746
1. DECEDENT'S NAME (First,	Middle, Last)								E OF OEATH	DAY	YEAR	3. TIME OF OEAT	н
ARTH	IUR	LEO	PANZEK					Se		19	1990	1:15	Ам
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UND	ER 24 HRS.	7. DATI	E OF BIRTH	_	8. BIRTHP	LACE (State or Fo	reign
347-09-0026		1 💢 M 2 🗌 F	78	YRS.	WONTHS D	AYS HOURS	MIN.	May	200199	2	Chić	ago Ill	.ino:
9a. FACILITY NAME (If not ins	_		_			OWN OR LOCA		EATH			NTY OF DE		
Malcolm Grow		Medical	Center		Camp	Sprin	gs			Pri	nce G	eorge	
RESIDENCE OF DEC	10b. COUNTY			10c, CITY,	TOWN OR L	OCATION					1	IOd. INSIDE CITY	
Maryland	Prince	e George		Fore	stvi1	.le						LIMITS?	NO
Oo. STREET AND NUMBER				1		10f. ZIP CC	DE			10g. CIT		AT COUNTRY?	
2715 Lorring	Drive					2074				USA		- Canto	
11. MARITAL STATUS    Never Merried 2 K   Widowed 4 Divo		FORCES? 1	IT EVER IN U.S. AR I X YES 2 IN WAR OR DATES	NO NO	If yo	S DECENDENT es, specify Cu YES 2 \( \) N	ben, Mexica	n, Puerto	iN? (Specify Yo Rican, etc.)	ee or No—			in,
15. DECI	EDENT'S EDUC	CATION	16a, DE	CEDENT'S U	SUAL OCCU	IPATION		16	Sb. KIND OF B	USINESS/IN			
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or 5	+) ///e.	. Do NOT use	ork done duri retired.)	ng most of wor	king	- 1.					
		2	Nav	al					J.S. G		ent		
7. FATHER'S NAME (First, MI LEO PANZEK	ddle, Last)						THER'S NA		, Middle, Maide BLE	n Surname)			
9e. INFORMANT'S NAME (7)	rpe/Print)		19	b. MAILINO	ADDRESS (S	treet and Numi	per or Rural .	Route Nu	mber, City or %	wn, State, Zi	p Code)		
lberta Panz	zek		2	715 L	orrin	ng Dri	ve #2	01	Fores	tvill	e MD	20747	
0a, METHOD OF DISPOSITI	ON n 3 □ Reme	oval from State	20b. PLACE	OF DISPOSI	TION (Name	of cometery, c	remetory or				City or Tow		
☐ Donation 5 ☐ Other	(Specify)		Ariin	gron		onal C						rginia	
1. SIGNATURE OF FUNERAL	SERVICE LIC	. All	helm						Funer 20746		me, I	inc.	
disease or condition resulting in death)  Sequentially list condition in the condition of the condition in t	ona, diate NG ry	oue To	opulmona oras a conse osclerot oras a conse lar Hear oras a conse	ic Co QUENCE OF	ronar : ease	y Art	ery D	isea	ase				
PART II. Other aignifica	nt condition	a contributing to	death but not	resulting is	n tha unde	erlying ceus	e givan in	Part I.		AN AUTOPSY ORMED?		WERE AUTOPSY F MAILABLE PRIOR COMPLETION OF O OF DEATH?	TO CAUSE
									1			11	
5. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	_			28. PLACE OF	DEATH (C/	neck only	one)				
1 TYES 2 NO			ER/Outpatient :		OTHER: 4   Nursing	g Home 5 🗆	Residenca	5 🗆 Ot	her (Specify)				
	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b, TIME INJU	JRY	Bc. INJURY AT WORK?	! □ NO	28d. D	EŞCRIBE HOV	V INJURY O	CCURED		
3 Suicide 8	Could not be determined	28e. PLACE building	OF INJURY — Al he	ome, farm, s				28t. Le	OCATION (Stre- ity or Town, Sta	et and Numb	er or Rural Ro	oute Number,	
oras) Med	EXAMINE	CIAN: To the best of				nion, death oc	cured et the	time, de		end due to	the cause(e)		
SIGNATURE AGO TITLE	V Salara		WAF N	10		29c, l	ICENSE NU	MBER			9 Sep	(Month, Day, Year)	
11		INI, CA			Print)		colm		√ USAF MD 2	Medi 0331-		enter	
DATE BILED (Month, Day,			AR'S SIGNATURE	,			5		=				
Cr Z 1 90	4	who Davidso	n-Randall										

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6. BIRTHPLACE (State or Foreign

Massachusetts

14. RACE — American Indian, Black, White, etc.

Prince Georges

10g. CITIZEN OF WNAT COUNTRY?

United States

Specify:

Country) Lawrence

10d. INSIDE CITY

1 YES 2 - NO

White

Interval Between

Onset and Death

90ª

3. TIME OF OEATH 9:03 A.

rift. Pages 1, 2, 3 should

once.

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been s has be Dept.

DIRECTOR: After this certificate I hours after death with the State Item 28 is marked, or item

FUNERAL Within 72 I IMPORTANT: If

He

CERTIFICATION

PHYSICIAN: MEDICAL

BY

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COMPLI

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n by the fi

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n signed by the attending physician and completely fille Health and Mental Hyglene prior to burial, cremation,

after

BE notified

2

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH 1. DECEDENT'S NAME (First, Middle, Last) DAY 16 Phelan James 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Oct. 5 1915 MONTHS DAYS HOURS 018 12 0064 1 3 M 2 F 74 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH

AMI Doctors' Hospital Lanham DIRECTOR RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10e. STATE Maryland Prince Georges Bowie 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 12629 Safety Turn 20715 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Mexican, Puarlo Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced WW II ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 5+ Attorney 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)

16b. KIND OF BUSINESS/INDUSTRY Federal U.S. Department of Navy

John J. Phelan

Elizabeth M. Hogan

19a. INFORMANT'S NAME (Type/Print) Capitola E. Phelan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12629 Safety Turn Bowie Maryland 20715

26. PLACE OF DEATH (Check only one)

20s. METHOD OF DISPOSITION
1 ◯ Buriel 2 □ Cremetion 3 □ Removel from State 4 Donation 5 Other (Specify) .... 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Mt. Olivet Cemetery Washington D.C. 22. NAME AND AGORESS OF FACILITY

Robert vans res 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,

ahock, or heart failure. List only one cause on each line.

Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie Maryland 20715 Approximata

Sequentially list conditions, If any, leading to immediate

IMMEDIATE CAUSE (Final

disease or condition reaulting in death)

Congestive Heart	f
DUE TO (OR AS A CONSEQUENCE OF):	X
Re Liactory Ventricular	0
DOF TO (OR AS A CONSEQUENCE OF):	4
Acute respiratory	a
DUE TO (OR AS A CONSEQUENCE OF):	

Tachyarrhy Amia

ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions con

Appropriation	breumon'a	
tributing to death but not resulting in the	underlying cause given in Part i.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

25.	WAS	CASE	REFERRED	TO MEDICAL						
	EXA	MINER	17							
	1 🔲	YES	2 1 NO							
27	27 MANNER OF DEATH									

HOSPITAL OTHER: atlent 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28s. OATE OF INJURY 284, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK?

INJURY

1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not be

м 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

	ا ٢	MEDICAL	EXAMINEN:	On	TIM
29b. SIGNATURE	ANO	TITLE OF	CERTIFIER	1	

determined

29a. CERTIFIER
(Check only one)

A MEDICAL EVAMINES: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. basia of examination and/or investigation, in my opinion, death occured at the time, data and placa, and dua to the cause(a) and manner as stated.

IO TITLE OF SERTIFICAL	1 4 11	1/1 6	296. LICENSE I
VY Singh	Afterdity	Physician	919

29d, DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HANOVER 7209 A INGH

PARKWAY GREENBELT

SEP 18 90

4 Homicide

32. REGISTRAR'S SIGNATURE

OHMH-18 Rev 1/89

filled in by t executed within BOX 13146, certificate be P.0. the death RECORDS, requires that PHYSICIAN: The law DIVISION OF VITAL ATTENDING THE HOSPITAL OR

BALTIMORE, MARYLAND 21203-3146 death. Page 6 may be retained by the hospital or attending pre-threral director, page 5 should be detached for use as the bit.

or combined thinks

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	R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 not
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VISION OF VITAL RECORDS, 1.0. BOA 13149,	0
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	1 - STATE REGISTRAR	— MAITE	CERTIFI	CATE OF	DEATH	MENTAL HYGIEN REG. NO		27642
	1. DECEDENT'S NAME (First, Middle, Last)	Hawiet				2. DATE OF OEATH	5 9	3. TIME OF DEATH  O 620 M
	4. SOCIAL SECURITY NUMBER' 213-30-9228	5. SEX 6. AGE (In	yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT 27		MRTHPLACE (State or Foreign lountry)  Md.
TOR	9a. FACILITY NAME (If not inetitution, give	etreet and number)		96. CITY, TOWN C	ton	ATH	9c. COUNTY	4 1
DIRECTOR	10a. STATE 10b. COUNT	ueen Anneis		NO CY O	te/			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	Box 36 B	RD I		J 101	2164	9	10g. CITIZEN	of what country?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN ( FDRCES? 1 YES IF YES, GIVE WAR OR DAT	2 ND	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexico 2 NO Specif	HC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify:
ETED.	15. DECEDENT'S ED (Specify only highest grad Elementary/Segandary (0-12)		(Give kind of w	USUAL OCCUPATIO rork done during mo e retired.)	ON at of working	16b. KIND OF BU	SINESS/INDUST	RY
COMPL	17. FATHER'S NAME (First, Middle, Last)	0.1	Wai	Tress	18. MOTHER'S NA	ME (First, Middle, Malden	J Ca.	KLanding
TO BE	19a. INFORMANT'S NAME (Type/Print)	Kobinson	19b. MAILING	ADDRESS (Street a	- 01	DEILE S	JONE, vn, State, Zip Cod	
	20s, METHOD OF DISPOSITION 1 Pauriel 2 Cremation 3 Red Donation 8 Other (Specify)	ONICIC 20b.	other place)		notery, crematory or	0 1e 20c. LC	OCATION City	or Yown, State
axammer	21. SIGNATURE OF FUNERAL SERVICE L	icensee + ellipix	ualers	22. NAME AL	ND ADDRESS OF FA	meral Hares St. 1	me	21651
	23. PART I. Enter the discess, or shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Multions	the death. Do not line.	ilue d	de of dying, suc	Septic St	rock	Approximata Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C			out Col	Planum	ma of O	ladder Months
MEDICAL	PART II. Other algnificent condition.  ATN, as cit	one contributing to deeth bu					RMED?	24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ed, or item 23 shows PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C/			
	27. MANNER OF CEATH  1 Natural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. INJ	IURY AT DRK? YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	ED
8 C	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY -	— At home, ferm, s	street, fectory, offic		28f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,
ANT: If Item 2 COMPLET	Constant only	SICIAN: To the best of my knowle						ruse(s) and manner as stated.
IMPORTANT.	29b, SIGNATURE AND TIME OF CERTIFIC	the A			29c. LICENSE NU		29d. DATE SIG	GNED (Morith, Day, Year)
F	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	Coci	Itan	ma	/
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYL DIVISION OF VITAL RECORDS, P.O. BOX 13146, STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICAL	EUF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		water				MONT	15	5 19	YEAR 190	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-01-3159	5. SEX 6. AG	E (In yrs. leet birthd	MONTH	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	of BIRTH h, Day, Year) t.15,1	915	Country) Maryl	and
9a. FACILITY NAME (If not institution, give str					R LOCATION OF	DEATH			VITY OF DEAT	Н
River View Manor I	Mursing Home	3	Sa.	lisbu	ry			Wico	mico	
10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCAT	ION				10	d. INSIDE CITY LIMITS?
Maryland Kent		Mi	lling	gton					1	YES 2 NO
10a. STREET AND NUMBER				101	ZIP CODE			10g. CITI	ZEN OF WHA	T COUNTRY?
Rd 1					21651				US	
11. MARITAL STATUS  1. Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	S 2 NO	1	If yea, spe	ENDENT OF HISP Holfy Cuben, Maxi- 2 NO Spec	can, Puarlo		or No	14. RACE	American Indian, thita, stc. White
16. DECEDENT'S EDUC	CATION	18a. DECEDEN	T'S USUAL	OCCUPATIO	N .	168	, KIND OF BUS	BINESS/IND	USTRY	MILLOS
(Specify only highest grade of Elementary/Secondary (0-12)	Collage (1-4 or 5+)				at of working			-		
6		Service	e Sta	ation	Attend	ant	Gasol	ine S	Sales	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			Surname)		
William E. Pa	aswater	401 441	100 /222	00.00	LuLu M			. 0	0.11	
Charles E. Paswate	er				nd Number or Rure t. Wilm:					
20e. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	ob. PLACE OF DIS other piece) Greensbo							oro, N	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE / 1/				NS Fune:		ome			
23. PART I. Enter the placeases, or c	Fellow	5		370 W	. Cypres	ss St	. Mill			21651
Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENC	~ 1 (C)		n					
PART II. Other significant condition	s contributing to death	but not resulti	ing in the	underlying	g ceuse given i	n Part I.	24a. WAS AN PERFOR 1 YES 2	RMED?	AA CH	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
6							-			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	utpetient 3 🗆 DO	OTH	ER:	ACE OF DEATH (					
27. MANNER OF DEATH  1 Neturel 5 Pending	28a. DATE OF INJUR (Month, Day, Yea	Y 28b.	TIME OF INJURY	28c. INJ WO		-	SCRIBE HOW I	NJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJU building, etc. (S	RY Al home, far pecify)	rm, atreet, f	actory, offic			CATION (Street of Town, State)		or Rural Rou	te Number,
and any	CIAN: To the best of my kn									nd manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER				1	29c. LICENSE N					
E	Glull +	<b>*</b> D			A I C	7081		D G	1 - 15	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		DEATH (ITEM 27)	(Type, Print)		10	1				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	CNATURE	^ M	M W	1 Jely	bus	Mo			
Str 4 5 '311		idson-Rand	600-							
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	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or manned praiding.	UNERAL ORECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the fundal-transit per state death with the State part of Health and Mental Hydlene prior to burial, cremation, or removal.	
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AL	The law	te has	22
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	PHYS	UNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- string 22 hours after death with the State Death of Health and Mental Hydlete orior to burial, cremation, or removal.	the second second second second second second second second second the medical available must be notified at one
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	SS	This is	

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)	Pocosk	,			2. DATE OF DEATH		S. TIME OF DEATH P		
	4. SOCIAL SECURITY NUMBER 5.	. SEX 8. AGE (In )	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8,	BIRTNPLACE (State or Foreign Country)		
	044-01-3652 1  9s. FACILITY NAME (If not institution, give street	□ M 2 💢 F 96	YRS.		OR LOCATION OF DE	APRIL 30,	1894	POLAND		
DIRECTOR	SO - MANUARA RESIDENCE OF DECEDENT	ID Hosi	~	B. CITY, TOWN	WION		P	-6- County		
REC	10s. STATE 10b. COUNTY			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?		
L D	MARYLAND NEW HA	AVEN	_   WAI	ERBURY	I, ZIP CODE		10g. CITIZEN	1 X YES 2 NO		
VERA	323 MAPLERIDGE DRIV				06705			USA		
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X NO	It yes, sp	CENDENT OF HISPANI Decify Cuben, Mexican G 2 X NO Specify:		n or No—   14.	RACE — American Indian, Black, White, etc. Specify: WHITE		
TED	15, OECEDENT'S EDUCATI (Specify only highest grade con		6e. DECEDENT'S U	SUAL OCCUPATION of done during more retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12) C	College (1-4 or 5+)		MAKER		N	/A	- 1		
COM	17. FATNER'S NAME (First, Middle, Last)				110000000000000000000000000000000000000	AE (First, Middle, Malder	Surname)			
BE	JOHN RURKOSKI  199. INFORMANT'S NAME (Type/Print)		10h MAILING A	DDBESS /Street		VAILABLE  Number, City or Tox	vn Stata Zin Co	vde)		
2	CECELIA POCOSKI, L'	TC, USAF	1112-11111-1111			LDORF, MA				
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 X Remove	of from State 0	LACE OF OISPOSIT					y or Town, State		
	21. STORMATURE OF FUNERAL SERVICE PICEWARY  22. NAME AND ADDRESS OF FACILITY  THE HUNTT FUNERAL HOME, IN									
	► WW K/S6	Kem 1-	?	P.O. 1	BOX 156			ND 20604-0156		
	23. PART i. Enter the diseases, or com shock, or heart failure. Lis									
	IMMEDIATE CAUSE (Finei		0 10					Onset and Death		
	resulting in death) a	DUE TO (OR AS A C	ONSEQUENCE OF	ine						
N	Sequentially list conditions, oue to (or as a consequence of):  Sick Sinus Syndrome / Pacemaker  oue to (or as a consequence of):									
ATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Due TO FOR AS A CONSEQUENCE OF):									
TEX	CAUSE (Disease or injury that initiated events resulting in death) LAST		77	^		2				
CERTIFICATION	d	Linosep	815/	Pheu	mones	,				
DICAL	PART ii. Other algnificant conditions of	20 1			ng cause given in	Part I. 24a. WAS A PERFO	NAUTOPSY RMEO?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDI	a distres me	servis,	History	7 7	CVA	1 TYES	2   NO	OF DEATH?		
N N										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATN (Che					
HYS	1 TYES 2 NO 1 27. MANNER OF DEATH	26e. DATE OF INJURY	26b. TIME	OF 26c, IN	JURY AT ORK?	6 U Other (Specify)  26d. OESCRIBE NOW	INJURY OCCU	RED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJU	M 1 🗆	YES 2 NO					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	- At home, term, st	reet, factory, offi	ce ,	281. LOCATION (Street City or Town, State		Rural Route Number,		
COMPLETED	CONSTRUCTION OF THE STATE OF TH	AN: To the best of my knowled On the basis of examination						cause(s) and menner as stated.		
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER		>	•	29c. LICENSE NUMBER			SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF BEAT	N (ITEM 27) (Type,	Print)			1/	-7/70		
	9131 PI	SCATAWA	14	RD.	CHINTO	N 20	735			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT	TURE							

Pages

ing physician.

BALTIMORE, MARYLAN

P.O. BOX 13146.

DIVISION OF VITAL RECORDS.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the his	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ING PHYSI	offer this c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	marked,
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90 27645 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH ROBERT WAYNE PHIPPIN SEPT. 23 1990 8:20 4. SOCIAL SECURITY NUMBER 5. SEX B. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 XM 2 F 41 NOV.1,1948 218-48-6126 VIRGINIA 9e. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATN 9b. CITY, TOWN OR LOCATION OF GEATN 315 LILLIAN STREET HEBRON WICOMICO 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND. WICOMICO HEBRON 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 315 LILLIAN STREET 21830 USA 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-

a M 8. BIRTHPLACE (State or Foreign 1 XYES 2 NO FUNERAL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 X NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4XX Divorced COAST GUARD WHITE ETED. 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12 YEARS NO PLANT MANAGER STANDARD REGISTER 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) (unk) PHIPPIN MARIE CROCKETT BENJAMIN ALLEN ш 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 315 LILLIAN STREET, HEBRON, MD 21830 BARBARA C. PHIPPIN-20e. METHOD OF DISPOSITION 9/25/90
1 Notice 2 Cremetton 3 Removal from 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State SPRINGHILL MEMORY GARDENS HEBRON, MD 4 Donetton 8 Other (Specify) 22. NAME AND ADDRESS OF FACILITY
HOLLOWAY FUNERAL HOME, PA
501 SNOW HILL RD, SALISBURY, MD 21801 21. SIGNATURE OF FUNERAL BER 23. PART I. Enter the diseases, or complications that captured the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete shock, or heert feilura. List only one ceuse on each line. Interval Between Onset end Daeth IMMEDIATE CAUSE (Finel disease or condition nhas resulting in deeth) DUE TO (OB AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated avants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL OTHER: 1 YES 2 740 1 Inpatient 2 ER/Outpatient 3 DDA 4 - Nursing Nome 5 - Residence 5 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 🔲 Homicide 1. CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(e) and menner as stated. 3 MEDICAL EXAMINER: On the basis 296. SIGNATURE AND PITLE OF CENTIFIER 25c. LICENSE NUMBER 0 30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, ong 31. DATE FILED (Month, Day, 190

32. REDISTRAR'S SIGNATURE

SEP 26

30. NAME AND ADDRESS OF PERSON WHO ANN M. DIXON, MD

SEP 26 '90

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE Julia Davidson-Kandell

111 Penn Street, Baltimore, MD 21201

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI	MENT OF H	EALTH AND N DEATH	MENTAL HYGIENE REG. NO.	90	27646			
	1. DECEDENT'S NAME (First, Middle, Last)	D	-			2. DATE OF DEATH MONTH DAY	YEAR				
	Jack 4. SOCIAL SECURITY NUMBER	B e 6. AGE (In yrs.	Poage	IF UNDER 1 YEAR	IF UNDER 24 HRS.	9-23-90 DAY	e Bio	2:45PM M			
	231-24-9780	XX M 2 □ F 62	"	ONTHS DAYS	HOURS MIN.	5-19-19	28 We	st Virginia			
	9e. FACILITY NAME (If not institution, give st		9	b. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	9			
5	Franklin Square	Hospital Center	:	Ess	ex	- 1	Baltim	ore County			
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY	,	100 CITY	TOWN OR LOCAT	ON	<u>`</u>		10d. INSIDE CITY			
E E		Carroll		estmin				LIMITS?			
	10e. STREET AND NUMBER	7411011			ZIP CODE		10g. CITIZEN OF	F WHAT COUNTRY?			
I A	804 Winchester	Drive			21157		U.S	.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? MIXYES 2 [ F WES GIVE WAR OR DATES WHITE TO CO		If yes, spe	ENDENT OF HISPAN	IC ORIGIN? (Specify Yee on Puerto Ricen, etc.)	or No — 14. RA Bir	ACE — American Indien, ack, White, etc. ecity: White			
	15. DECEDENT'S EDUC	CATION 16a.		SUAL OCCUPATION		16b. KIND OF BUSI	I INESS/INDUSTRY				
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12)	0.00	Iffe. Do NOT use i	rk done during mos retired.)		A *					
절	10	2 A	ITKPOK	TOPER	ATOR	Airp	ort				
BE CO	17. FATHER'S NAME (First, Middle, Last) Glen B. Poage				Beula	ME (First, Middle, Malden S h Suttle					
TO E	June M. Poage		804	Winche	nd Number or Rural F ster Dr	Cive, Wes	Stete, Zip Code) tminst	er, Md 21157			
	208. METHOD OF DISPOSITION 1  Buriel 2  Cremetion 3  Reme 4  Donetion 8  Other (Specify)	oval from State 20b. PLAC	ders	Cemete	netery, crematory or		tminst	Town, State Ser, Md.			
TO BE COM	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Eletcher		Thomas Nesth	s ADDRESS OF FA ast Mai inster	etcher & nMd. ZII	Son F	ъ.н.			
ERTIFICATION	IMMEDIATE CAUSE (Finel	complications that caused the List only one cause on each if a. Multiple inj	ina.	t enter the mo				Approximate interval Between Onset and Death			
	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS									
: MEDICAL C	PART II. Other eignificant condition	e contributing to death but no	ot resulting in	the underlying	g cause given in	Part I. 24a. WAS AN / PERFORI	MED?	PAB. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? XXX YES 2 NO			
Z											
Sici	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	III mensilet en I					
5   ≥	1 Description 1 Description 2 FR/Outpatient 3 DOA 4 Nursing Home 8 Residence 8 Other (Specify)  27. MANNER OF DEATH  28. DATE OF INJURY  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
6 1	1 Natural 8 Pending	(Morith, Day, Year) 9-23-90	2:04E	RY WO	RK? ES 2 NO	Pilot in a	ircraft	accident			
0	Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, str			281. LOCATION (Street e. City or Town, State)	nd Number or Rur				
	29e. CERTIFIER 1 CERTIFYING PHYSI	IICIAN: To the best of my knowledge,			and place and d			- Idinuditiii			
COMPLET		ER: On the basis of examination end/						se(e) end menner ee stated.			
BE	29b. SIGNATURE AND TITLE OF CONTINE		•		29c. LICENSE NUI	MBER	29d. OATE SIGN	IEO (Month, Day, Year)			
Elm	Mix	HU COMPLETED CAUSE OF DEATH (I	ITEM 27) (Type 8	Print)	29c. LICENSE NUI			-24-9			

DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS,

event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the 5 TO THE FUNERAL DIRECTOR: After this certificate has been algored by the be filled within 72 hours after death with the State Dept. of Health and MaJIMPORTANT: If Item 28 is marked, or Item 23 shows any Injury.

	1. OECEOENT'S NAME (First, Middle F LO	R.E	NCE	E, 6	241	NI	V			2. DATE OF MONTH	OEATN - 3	12-	90 3.	O315 M
	4. SOCIAL SECURITY NUMBER 577-09-464	سمي	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year)						Country)	CE (State or Foreign	
ĺ	9a. FACILITY NAME (If not institution			78	THS.	9b. CITY	Y, TOWN	OR LOCATI	ON OF DEA	DEC.	8, -	9c. COUN	MAR:	YLAND H
POR	BALTIMORE CO.		NERAL HO	SP'T.		R/	ANDA	LLST	OWN			BAL	TIMORI	E
DIRECTOR	RESIDENCE OF DECEDE  10a. STATE 10b.	COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					100	I. INSIDE CITY
	MD.	PRI	NCE GEOF	GES		RIVE	ERDA	LE					1]	YES 2 NO
FUNERAL	100. STREET AND NUMBER 5313 POWH	A (7) A 7\7	DD				10	f. ZIP COD					ZEN OF WHAT	T COUNTRY?
JNE	5313 POWH	ATAN	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13.	WAS DE		737 OF NISPANI	C ORIGIN? (S	U.S.A.  ORIGIN? (Specify Yes or No.— 14, RACE — Americ			
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	ed	FORCES? 1	YES 2 X	NO				n, Maxican Specify:	, Puerto Rica	n, etc.)		Black, W Specify:	71.0
	15, DECEDEN	T'S EDUC	ATION	I see P	ECEDENT'S	LIEUAL C	CCUBATI	ON		405 610	ID OF BUI	BINESS/IND	INDTOV	WHITE
COMPLETED	(Specify only higher Elementary/Secondary (0-12)			(	Give kind of le. Do NOT u	work done	during m	ost of world	ng	190. KJ	40 OF BUS	ME22/IND	USINT	
APL	12		oonege (1-4 til 5	"	CLE	CRK				CI	HAIN	STOR	ES	
00	17. FATNER'S NAME (First, Middle,		000					16. MOT		NE (First, Midd				
BE	WILLIAM  194, INFORMANT'S NAME (Typo/Pr		OSS	1.	OL MAII IN	ADDRES	P (Planet	and Mirror ba	AME	LIA		KUS	Codel	
2	CHARLES E.	ELL	IS JR.		SD. MAILING	SAME	in line			#10	City or low	n, Smile, Zip	Cooe)	
	20a. METHOO OF DISPOSITION 1 Description Burlet 2 Cremetton 3	Remo			E OF OISPO					11	20c. LO	CATION —	City or Town,	Stata
	4 Donation 5 Other (Specify) FT. LINCOLN CEMETERY BRENTWOOD,											D.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  W. W. CHAMBERS CO., RIVERDALE, MI											20737		
	23. PART I. Enter the diseas ahock, or heart if IMMEDIATE CAUSE (Final disease or condition resulting in death)		List only one ce		10.		,				or reapi	ratory arr	rest,	Approximate interval Between Onset and Death
NO	Sequentially list conditions,		. CI	PD,	PA	/EL	1 M	ONI	A					
CAT	If any, leading to immediata cause. Entar UNDERLYING	)		(on no neono	LOQLIOL C	,,,								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST		OUE TO	(OR AS A CONS	EOUENCE (	OF):								
	DART II Out on almost to an a	and distance	1											1
MEDICAL	PART II. Other eignificant co	ondition	s contributing to	death but not	resulting	in the u	ınderiyir	ig cause	given in i		PERFOR	RMED?	AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE
ED									-	-   '	☐ YE\$ 2	XNO	OF	DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEI EXAMINER?	DICAL	HQSPITAL:			ОТНЕ		LACE OF	DEATH (Che	ck only one)				
14SI	1 TYES 2 NO		HOSPITAL: 1 Inpatient 2 28a, DATE O		3 DOA	4 🗆 No	ursing Ho	me 5 🗆 F	tesidence	6 Other (S		N.IURY OC	CURED	
2 Accident Investigation									*/0 = //3					
	3 Suicide 8 Could 4 Nomicide detari	home, farm,	street, fe	ctory, offi	ca			ON (Street Ibwn, State)		r or Runal Rout	e Number,			
COMPLETED	CONSULT OFFIN		CIAN: To the best of											nd manner ex stated.
8	29b. SIGNATURE AND TITLE OF C	9 1/	1 ()						ENSE NUM		3	1 1	E SIGNEO (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PER  C ~ L & *  31. DATE FILEO (Month, Day, Year)	SON WH	D. BC	SE OF DEATH (IT	EM 27) (7)	Print)	us	TO	NN.	MD.	211	13		
	31. DATE FILEO (Month, Day, Year) SEP 24 '90		32. REGISTA	ar's signature	andelle									

1	FOR STATE REGISTRAR
•	REGISTRAH

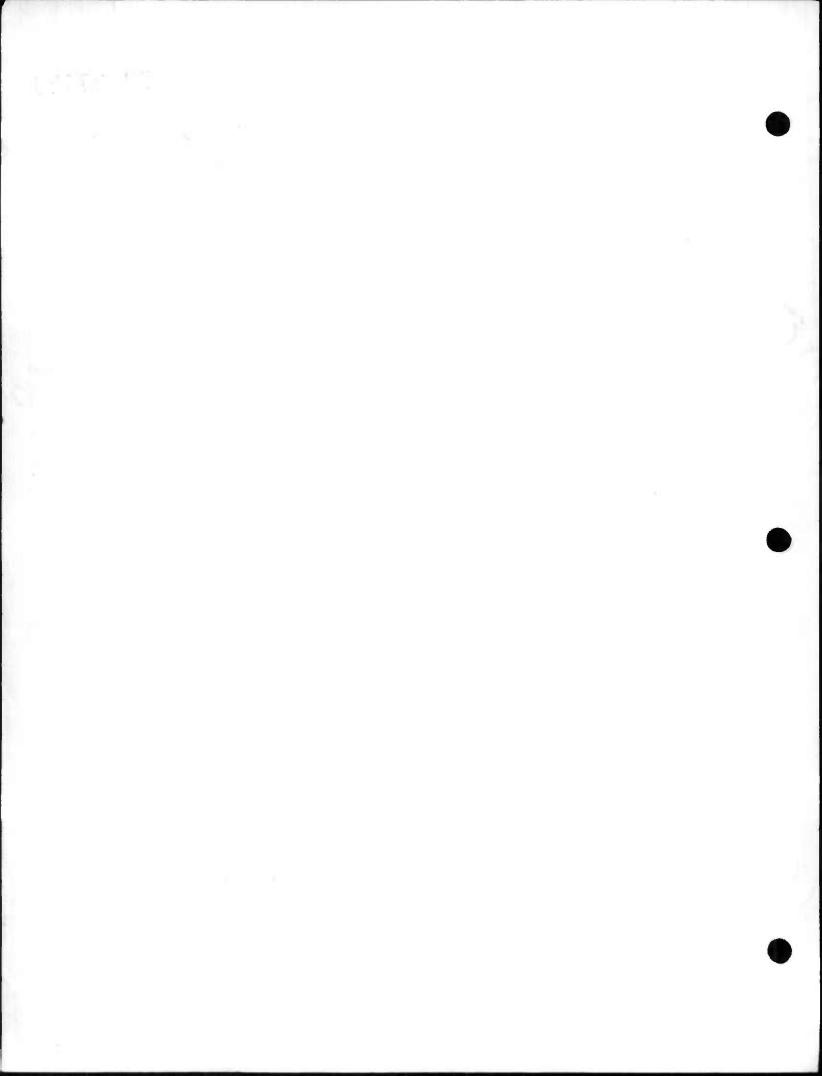
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BALTIMORE, MARYLAND 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE C	F DEATH	REG. NO			
!	1. DECEDENT'S NAME (First, Middle, Last)	/ A.	QU16	LE	Y	2. DATE OF DEATH D.	AY SYEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER / 1402-6 658/	1 M 2 □ F	GE (In yrs. last birthday)  55 YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Morth, Dey, Year)	35 18	THPLACE (State or Foreign (PT))	
5	9e. FACILITY NAME (If not institution, give a	treet and number)	enter	96. CITY, TOW	A L	EATH	BC. COUNTY OF	LTO	
DINECTOR	100. STATE 105. COUNT Maryland Princ	e Georges		y, town on Lo	CATION			10d. INSIDE CITY LIMITS?  15 YES 2 NO	
LONEDAL	100. STREET AND NUMBER 3003 Traymore La				101. ZIP CODE 20715		10g. CITIZEN OF WHAT COUNTRY? United STates		
ā	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 25 NO	If yes			or No- 14. RAG Bla	CE — American Indian, ack, White, atc.	
COMPLETED	15, OECEOENT'S EDI (Specify only highest gradi Elementary/Secondery (0-12) 12	JCATION a completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT us  Risk Ma	work done during se retired.)	most of working	16b. KIND OF BU	SINESS/INDUSTRY		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden			
H	Charles Quigley  190. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS (Str		E. Lonas  Route Number, City or Tow		-	
2 ∥	Margaret M. Qui	glev				Crofton, M		21114	
	20e. METHOD OF DISPOSITION 1 Burlel 2 TyCremetion 3 Ren 4 Donation 8 Other (Specify)			SITION (Name o	cemetery, crematory or	20c. LC	CATION — City or	-	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	месторот.	22. NAM	E AND ADDRESS OF FA	CILITY			
	Polyet E.  23. PART I. Enter the diseases, Dr	Evans	Pres.	160	000 Annapo	Funeral Ho lis Rd. Bo	wie Mary	1and 20715	
CENTIFICATION	ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	a. CARI DUE TO (OR DUE TO (OR C. MILLI	AS A CONSEQUENCE O	PGA	PREC IC A. MIA	NEURI A/LC/X SHOC	SM E K	Interval Between Onset and Death	
MEDICAL	PART II. Other algoliticant condition	na contributing to dea	th but not resulting	In the under	ying cause given in	Part I. 24s. WAS AP PERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				8. PLACE OF DEATH (C	neck only one)			
rutsician:	1 U YES 2 NO	HOSPITAL:			Home 5 - Reeldence				
מייים	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	28a. DATE OF INJU (Month, Day, Ye	JRY 28b. TIN	JURY	. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURED		
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF IN- building, atc.	JURY — At home, farm, (Specify)	street, factory,	281. LOCATION (Street City or Town, State	reet end Number or Rural Route Number, State)			
COMPLEIED	toured only	SICIAN: To the best of my I IER: On the basic of exami						e(e) end manner as stated.	
200	29b. SIGNATURE AND TITLE OF, CERTIFY	in Usil			29c. LICENSE NU	MBER 9 Q Q	29d. DATE SIGNI	EO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type	gi Print)	06D G	enter :	3001	3. Hanne	
	31 DATE FILED (Magno, Day, Year)	32. REGISTRAR'S	SIGNATURE	er H	1	07. Da	A MA	21230	



		2, 3 should	
	_	Mons 1.	
(	1	and Aspend	)
BALTIMORE, MARYLAND 21203-3146	equires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending physical	en signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial transformer 1, 2, 3 should be detached for use as the burial transformer 1, 2, 3 should	Oval.
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.O. BOX	th certificate be	ending physician	nygiene prior e
ECORDS, P.O. BOX 13146,	equires that the dear	en signed by the att	of Health and Mertal hygiene pick to build, clemation, or lemoval,

1203	or after	or use a	
ND 2	hospital	tached &	ice.
LA	by the	be de	at on
BALTIMORE, MARYLAND 21203	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Surs after death. Page 6 may be retained by the hospital or after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a be also within 72 hours after death with the State Deat of Health and Merital Hyrilene prior in burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file action with the State heart of Health and Mental Moritine prior to burial, compation, or removal.	natic
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	1 - STATE REGISTRAR	STATE OF MARYLA	CERTIFI			D MEI	NTAL HYGIENI REG. NO.	- )	0 21043
	1. DECEDENT'S NAME (First, Middle, Last) PAULA	MONICA	Roi	DRIG	VEZ		DATE OF DEATH DA	8 9	S. TIME OF DEATH
			yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	7. 1	DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	010 30 0733	,	70 YRS.				(Month, Pay, Year) 4/28-/		RGENTINA
~	9a. FACILITY NAME (If not institution, give stree WASHWATON ALVA	t and number)	carrel		OR LOCATION O	-		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT	entist 103	PITAL	TAKE	MA	1	RK	1113	ntgomery
E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
10	MARYLAND MONTGOM	IERY	. RO	CKVILL	E				1 YES 2 NO
A	10e. STREET AND NUMBER				Of. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	95 DAWSON AVENUE				20850			1	USA.
5	11. MARITAL STATUS  1. Never Merried 2 Married	2. WAS DECEDENT EVER IN 1 FORCES? 1 TYPES	2 NO	If yes,	specify Cuban, Me	xican, Pu	RIGIN? (Specify Yea uarto Rican, etc.)	or No- 14	. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	ES	٧ ټيزا	S 2X NO S	oecitv:		W	SAPON'N HITE
<u>B</u>	15. DECEDENT'S EDUCAT (Specify only highest grade co		18e. DECEDENT'S U	ISUAL OCCUPA	TION		16b. KIND OF BUS	INESS/INDUS	TRY
	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use	retired.)	nost of working				
COMPLETED	12		LIVE IN	COMPA	T				
	17. FATHER'S NAME (First, Middle, Last)	77772 <i>(</i> 77					First, Middle, Maiden		
B	ALEJANDRO RODRIG	UEZ		ADDRESS (Own.			A GUTIER  Number, City or Town		
2		FRIEND)					KOMA PAR		
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOS						YLAND 20912 y or Town, State
	1 Buriel 2 Cremetion 3 Remove 4 Donation 6 Other (Specify)	al from State ME'	other place) TROPOLIT	AN CRE	MATORY		ALE	XANDRT	A. VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME	AND ADDRESS O	F FACILIT			
	1 Secreson VI	n March	-						PR.,MD. 20901
	23. PART i. Enter the diseases, or con								t, Approximate
	shock, or heart failure. List IMMEDIATE CAUSE (Finsi	at only one cause on ea	ch line.						Interval Between Onset and Death
	disease or condition resulting in death)	MYOCA	RDIAL	INI	ARCT	ION			minutel
	in duting in duting	DUE TO (OR AS A	CONSEQUENCE OF	):			. )		
N	Sequentially list conditions, b.	Arterio	SCHEPO CONSEQUENCE OF	the C	sodio	Var	scular !	11.500	minutes in Years
ATI	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	):					
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	):	· · · · · · · · · · · · · · · · · · ·				
CERTIFICATION	resulting in death) LAST								
	PART II. Other significant conditions	contributing to death bu	it not regulting i	n the underly	ing cause give	n in Par	rt I. 24a. WAS AN	AUTOPSY	24b, WERE AUTOPSY FINDINGS
ICAL							PERFOI	No.	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							-   ' ' ' ' '	W. W.	OF DEATH?  1 YES 2 NO
Z :							-		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEAT	H (Check	only one)		
YSI	1 YES 2 INO	I ☐ Inputient 2 ☐ ER/Outpu			ome 5 🗆 Reside				
PH	27, MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY	NJURY AT WORK?		d. DESCRIBE HOW	NJURY OCCU	RED
ВУ	2 Accident Investigation	280. PLACE OF INJURY	— At home form a		YES 2 NO		M LOCATION (Street	and Number or	Rural Route Number,
LED	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Speci		motory, o		"	City or Town, State	)	THE ST POOLS THE POOL
LEI	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occurre	of at the time of	ate and place, and	d due to t	the cause(s) and me	nner se steled	
COMPLET	one)	_							cause(s) and menner as stated.
-	29b. SIGNATURE AND TITLE OF CERTIFIER	Depu	ry Me	dica	29c. LICENSI	E NUMBE	R	29d, DATE S	SIGNED (Month, Day, Year)
TO BE	Paula Delbre	m Ex	Amin	51	10	18	52 4715vil	19.	119190
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)		1.		17 4	>
	Paul a 11-11	420	3/0400	ihi.	- Rd	MU	17. 77.5101 l	10 h	11) 20221

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BALTIMORE, MARYLAND 21203

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for une as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First	, Middle, Last)	ETTP	DCREERS!	ELY					2. DATE OF D	PDAY	Q() YE	AR 3.1	FINE OF DEATH M
	4. SOCIAL SECURITY NUM 577 84 61		5. BEX 1 - M - QC P	e. AGE (In yes, las	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day	24 1		Country)	aska
OR	9a. FACILITY NAME (# not h Hillhave)	n Nur		me			TOWN C	n LOCATIO	ON OF DE	EATH	- 10	ec. COUNTY		eorges
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,			ry, town o			D.	C .			10d	I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				110		10	. ZIP CODI	E	•		10g. CITIZEN	OF WHAT	
FUNERAL	1330 Mass	. Ave	12 WAS DECEDE	MT EVED IN II S AD	MED		WAS DEC		F HISPAN	VIC ORIGIN? (Sp		U.S.	RACE -	American Indian,
BY	1 Never Married 2 3 Widowed 4 Dive		FORCES? IF YES, GIVE	1 ☐ YES 2 ☑ WAR OR DATES	NO			23CJNNO		n, Puerto Ricen y:	n, atc.)		Specify:	ite
COMPLETED	15. DEC (Specify on Elementary/Secondary (i	cedent's edu- ly highest grade 0-12)	CATION completed) College (1-4 or 8	+) (G	ive kind of Do NOT u	work done (ise retired.)	during mo	ON ost of workli	ng		t Ho	mess/indust	RY	
BE CON	17. FATHER'S NAME (First, A Earnest	F. Lel	mann							ME (First, Middle Etta				
10	Helen K. 1									Route Number, Court	, S1	lver	Spr	ing, MD.
	20e. METHOD OF DISPOSIT  1	on 3 🗆 Rem r (Specify)		20b. PLACE other pl	lece)	itar	1 C1	ema	tor			xandr		
	21. SIGNATURE OF FUNERA	0	. /			7	PAKO	MA Com	FUN:	ERAL I	HOME	, INC	) . ,	ton D.C.
	23. PART I. Enter the dishock, or himmediate Cause (Fi disease or condition resulting in death)	neert fellure.	List only one ca	et caused the de nuse on each fine SESTIVE O (OR AS A CONSE	o. 5 H	not enter	the mo	de of dy	ing, suc	h se cerdisc	or respire	story smest	,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentisily list condi if sny, leading to imme cause. Enter UNDERLY CAUSE (Disesse or in)	diate	b. OL DUE TO	O (OR AS A CONSE	OUENCE (	OF):								
CERTI	thet initiated events resulting in death) LAS	ST	d								·			
MEDICAL	PART II. Other signific	ent condition	e contributing t	o death but not	resulting	in the ur	nderiyin	g cause	given in		. WAS AN A PERFORM YES 2	MED?	CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
ICIAN	25. WAS CASE REFERRED 'EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ	R:	-		neck only one)				
PHYSICIAN:	1  YES 2  NO  27. MANNER OF DEATH  1 Natural 6	Pending	26e. DATE C	ER/Outpatient : DE INJURY Day, Year)	28b. TI	Nur	28c. IN W	JURY AT ORK?		6 Other (Sp 26d. DESCRI		JURY OCCUR	ED	
red BY	2 Accident 3 Suicide 8 4 Nomicide	Could not be determined		OF INJURY — At he g, etc. (Specify)	ome, farm,	, street, fec					ON (Street an own, State)	nd Number or i	Rural Routi	Number,
COMPLETED	one)			of my knowledge, d									suse(s) sn	d manner as stated.
BE	29b. SIGNATURE AND TITL	TM	in	MD				29c. LIC	ENSE NU	MBER 563		29d. DATE SI	GNED (MC	onth, Day, Year)
T0	30. NAME AND ADDRESS (	WHA	MPSHIR	USE OF DEATH (ITE		20D	CH	ARUS	is i	4 4	SING		UD C	20904
	SEP 24	90		WIDSON- POR	nde PP		(							

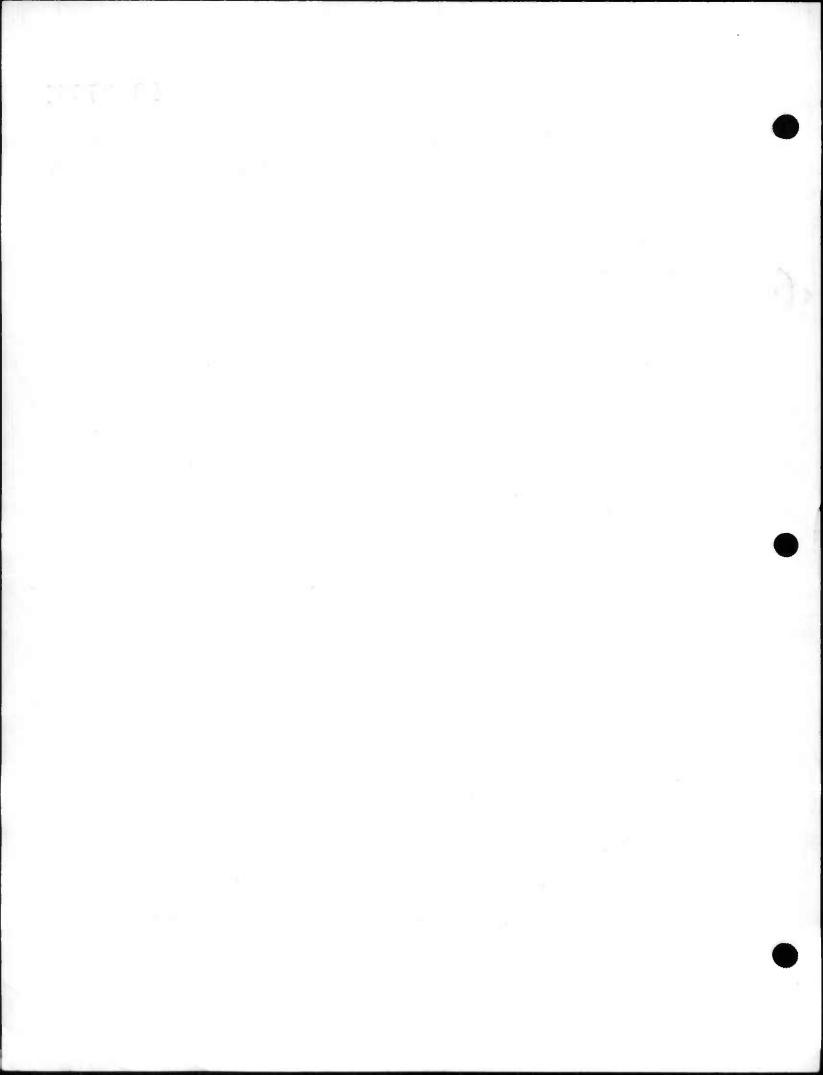
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh	the med when / 2 hours are upen with the place begin of negativative many and or

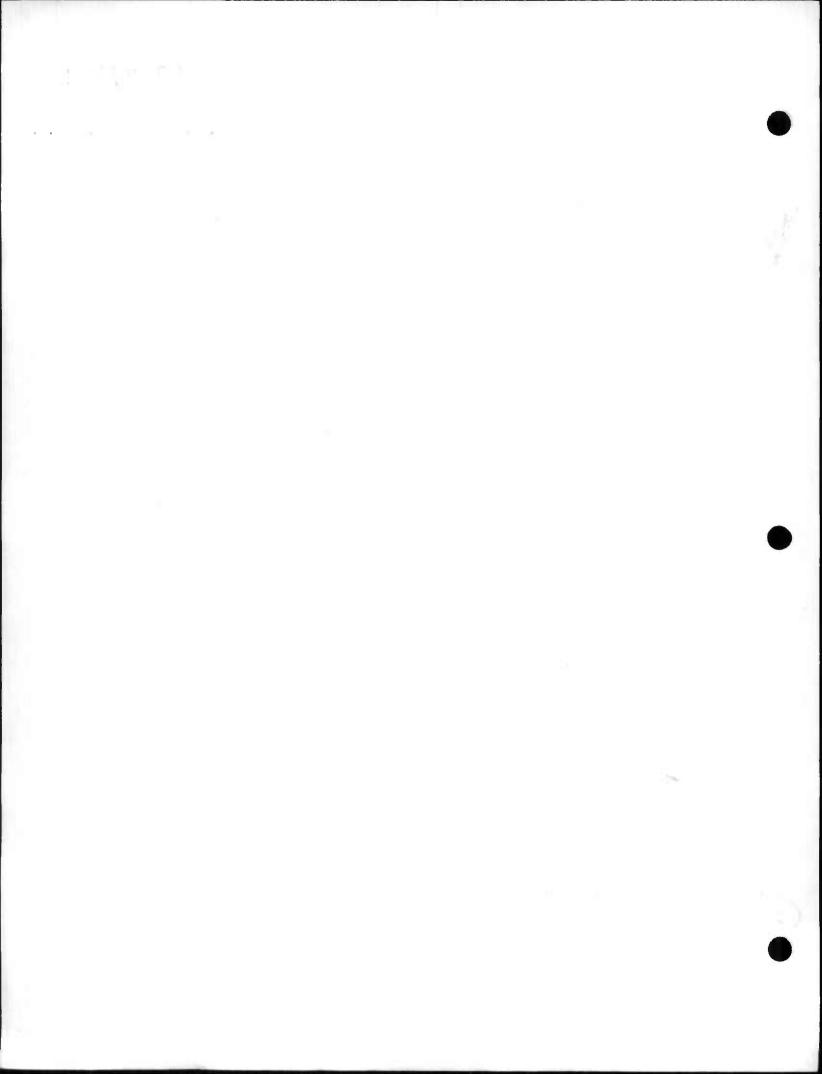
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - STATE REGISTRAR	STATE OF N	MAKYLAND / CI	UEPAH ERTIF					MEN I	AL HYGIEN REG. NO.	E	90	21	651
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH		YEAR	3. TIME O	F DEATH
	Elizabeth Va	nHorn	Ra	aulin					1-1-	-13-90		TEAR	7:40	р м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER	DAYS	IF UNDER	24 HRS.	(Mo	E OF BIRTH nth, Day, Year)		B. BIRTI Count	HPLACE (State	te_or Foreign
	577-28-0792	1 M 2 X F	68	YRS.					Ma	y 6, 19				on, DC
	9e. FACILITY NAME (If not institution, give :	street end number)			9b. CITY	r, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	INTY OF D	EATH	
6	Leland Memorial F	lospital			Riv	erda	le				Pri	nce	Georg	e's
C	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION	_					10d. INSID	E CITY
DIRECTOR	Maryland Prince	George's	5	Blad	dens	bure	1						LIMIT	2 NO
	10e. STREET AND NUMBER					10f.	ZIP COOE				10g. CIT	IZEN OF	WHAT COUN	TRY?
FUNERAL	4107 51st Street					20	710				U.S	S.A.		
5	11. MARITAL STATUS	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF							ilN? (Specify Yes o Rican, etc.)	or No-	Blac	E — America	
BY	1 Never Merried 2 Merried 3 Wildowed 4 X Divorced	IF YES, GIVE W				1 TYES	2X NO	Specify	:			Spec	"Whit	
	15, DECEDENT'S EDU	ICATION	16a DI	ECEDENT'S	USUAL O	CCUPATIO	N.		T 1	8b. KIND OF BUS	UNESS/IN		ALLIIC	-
2	(Specify only highest grade Elementery/Secondery (0-12)		(0	live kind of Do NOT u	work done	during mos	at of workin	g		oo. Kind or doc	MTE35/114	DOSTAT		
1		None		epho	ne S	ales			I N	//agazin	es			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTH	HER'S NAI		, Middle, Maiden				
BE	Rip VanHorn				_		Mari	ia Sa	adie	Cole				
0	19e. INFORMANT'S NAME (Type/Print)									mber, City or Tow				
-	Carroll Lee Feldp	usch (Da							Hya					
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Ren	noval from State	20b. PLACE other p	lace)									own, State	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Metro	pont		NAME AN			CILITY	Ale	xano	iria.	Virg	inia
	Shudu D	De al	2 ~							Sons Fu				
	runayon.	Rroa	aux	7						ve. Hy				
	23. PART i. Enter the diseases, or shock, or heart failure.				not sntsi	r ths mo	ds of dyl	ng, suct	h 85 CI	irdisc or respi	ratory si	rrest,	inte	roximsta rvai Between
	IMMEDIATE CAUSE (Finsi disease or condition			2 0	2111	10.	2	1 1.	10	r M	ola		Ons	et and Death
	resulting in death)	a. DUE TO	(OR AS A CONSE	QUENCE O		Lev	0	4	VE	7 / / / /	C12	1 1		
2			DA	Cib	10	LP	Son	HC	- 1	Mcelo	halo	pat	try :	3mth
힏	Sequantisity list conditions, if sny, lasding to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):		The				1	1	0	
<u>ა</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	C.												
TE	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	F):									
CERTIFICATION		d											+	
CAL	PART ii. Other significant conditio	ns contributing to	death but not	resulting	in the u	ndsriying	cauaa g	given in	Part I.	24a. WAS AN PERFOR		24		OPSY FINDINGS PRIOR TO
										1 TYES 2	NO		OF DEATH	ON OF CAUSE
MED											/ >		1 TYES	2 NO
CIAN		T												
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Chi	eck only	one)				
HYSI	1 YES 2 7NQ 27. MANNER OF DEATH	1 Inpatient 2	ER/Outpatient	3 DDA	4 🗆 Nu			eldence		her (Specify) ESCRIBE HOW I	N HIDY O	CCURED		
۵.	1 Natural 5 Pending	(Month, E	Joy. 1007)		JURY	WO	RK7	¬ NO	200. L	EŞCRIBE NOW I	NJOHT O	CCORED		1
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE C	F INJURY — At h	oma, ferm,	street, fed					OCATION (Street		er or Rural	Route Numb	8/,
	4 Homicide 6 Could not be	building,	etc. (Specify)						G	ity or Town, State)				
PLE	290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	my knowledge, d	eath occur	ed at the	time, deta	end place	, and due	to the	cause(e) and ma	nner ae st	ated.		
COMPLETED		ER: On the basic of e	xamination end/or	Investigati	on, In my	opinion, d	eath occur	red at the	time, d	ata end place, ar	d due to	the cause(	(e) and mann	ner an stated.
w	29b. SIGNATURE AND TITLE OF CERTIFIE	R A	and d	DA	N		29c, LICI	ENSE NUM	MBER		29d. DA	TE SIGNE	D (Month, Da	y, Year)
TO B	499	er in	in 1	1 7 (	·V.	1	]	)3	34	-52_	•	91	1410	70
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CALL	SE OF DEATH /ITI	EM 27) (Tm.	Print)									
	SATELL ANDALA	ZA1.				- D	1	H 1.0	2	12.	2 6	11 "	7	100
	SAJEEV ANAND 31. DATE FILED (Month, Day, Year)	, 3060				E R	D. =	10	2	BOWIL	E, M	10 2	207	16



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1	L	T Date	1	
6, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and the death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
13146	paccuted	and com burial, o	natic ev	
BOX	cate be e	physician e prior to	or traum	
P.O.	ath certifi	ttending parties	or oth	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	law requires that the de	as been signed by the a bept, of Health and Men	23 shows any Injury	
VITA	IAN: The	rtificate h	or Item	
1 OF	3 PHYSIC	or this ce	arked,	
DIVISION	PITAL OR ATTENDING	in 72 hours after dear	IT: If Item 28 is m	
	THE HOS	TO THE FUN	IMPORTAN	

	FOR STATE OF MARYLAND /				MENTAL HYGIEN	90	27652
	1. OECEOENT'S NAME (First, Middle, Last)	INSON	ATE OF	DEATH	PEG. NO.  2. OATE OF OEATH MONTH Sept. 9	, 199č	3. TIME OF DEATH 11:55 P.M.
,	4. SOCIAL SECURITY NUMBER  230-48-7987  1 M 2 X 60  6. SEX  6.	YRS. MON	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION DF DE			BIRTHPLACE (State or Foreign Country) West Virginia
DIRECTOR	Doctors Hospital				AIH		e Georges
	Maryland Prince Georges  10c. STREET AND NUMBER	Lanha		ZIP COOE		10g. CITIZEI	10d. INSIDE CITY LIMITS?  XXX YES 2 ND N OF WHAT COUNTRY?
BY FUNERAL	7926 Cawker Avenue  11. MARITAL STATUS  1  Never Merried 2 X Married  3  Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARM FDRCES? 1 VES 2 X Married  IF YES, GIVE WAR OR DATES			cify Cuban, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)		d States  RACE — American Indian, Black, White, atc.  Specify: Black
COMPLETED	(Specify only highest grade completed) (Giv Elementery/Secondary (0-12) College (1-4 or 5+)	e kind of work Do NOT use rel	IAL OCCUPATIO done during most lired.)	t of working	166. KIND OF BUS	Siness/indus	
SOM	17. FATHER'S NAME (First, Middle, Last)		- ICUCI		ME (First, Middle, Meiden		EIII
BE (	Jesse Carter			Ada Le			
2	7 0 1 7 1 1		DRESS (Street as		Route Number, City or Tow	n, Stata, Zip Co	ode)
	20s. METHOD OF DISPOSITION 20s. PLACE C	F DISPOSITIO		etery, cremetory or			y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	5	22. NAME AN Frazie	r s Fune	ral Home		rat y tana
	23. PART I. Enter the disease, or complications that caused the decahook, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSED	m	anter the mo		h as cerdiac or respi	iratory arres	t, Approximate Interval Between Onset and Daath
CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	0000000	MA	long	\$9		
PHYSICIAN: MEDICAL CER	PART II. Other algnificant conditions contributing to death but not re	eaulting in t	he underlying	cause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	-	26. PL	ACE OF OEATH (Ch	eck only one)	<u> </u>	]
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL:  1 inpution 2 ER/Outpatient 3		THER:	e 6 🗆 Residence	6 ☐ Other (Specify)		
ву РНУ	27, MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year)  2 Accident trivestigation	26b. TIME D	M 1 🗆 1	PK? YES 2 NO	28d, OEŞCRIBE HOW	INJURY OCCU	REO
	3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — At hor building, atc. (Specify)	ne, farm, stree	et, factory, offic	•	261. LOCATION (Street City or Town, State,		Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of myknowledge, dear one)  2 MEDICAL EXAMINER: On the best of emimination end/or in						
TO BE CO	296. SIGNATURE AND TITLE OF CENTIFIES LEVEL CO	'A		29c. LICENSE NUI	MBER	≥ 9/	naka juljentom jemi
_	31. DATE FILED (Month, Day, Year)  32. REGISTRAR'S SIGNATURE	1 27) (Type, Pri				/	



1. DECEDENT'S NAME (First, Mic Mary M. Ro 4. SOCIAL SECURITY NUMBER 213 44 4047 9a. FACILITY NAME (If not institu

2021 Cambrid RESIDENCE OF DECEL

10a, STATE

Maryland 10e. STREET AND NUMBER 2021 Cambrid

11. MARITAL STATUS

1 Never Merried 2 Me

3 Wildowed 4 Divorce

17. FATHER'S NAME (First, Middle George Henry

19a, INFORMANT'S NAME (Type

Daniel E. Ro 20a, METHOD OF DISPOSITION

4 Donation 5 Other (Sp 21, SIGNATURE OF FUNERAL S

23. PART I. Enter the disa ahock, or heer IMMEDIATE CAUSE (Finel

disease or condition resulting in death)

1 -

FUNERAL DIRECTOR

BY

COMPLETED

BE

2

BY PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at	3	2		F
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FOR STATE REGISTRAR		STATE OF I		/ DEPAR					MENTAL HYGIEN REG. NO		2	7653	
DECEDENT'S NAME (First	, Middle, Last)				-				2. DATE OF DEATH			3, TIME OF DEATH	
Mary M. I	Roney								Sept. 1	Ô	1990	2:45 AM	М
SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	7
213 44 4047	7	1 🗆 M 2 💢 F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Nov. 17 1	913	Mar	yland	
FACILITY NAME (If not in	natitution, give e	street and number)			9b. CITY	, TOWN	OR LOCATION	ON OF D	<u> </u>		UNTY OF D		
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SIDENCE OF DE													
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. STREET AND NUMBER						10	, ZIP COD	E		10g. CI	TIZEN OF	WHAT COUNTRY?	
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MARITAL STATUS  Never Merried 2   Widowed 4 Dive			NT EVER IN U.S. I YES 2 NAR OR DATES			If yes, sp		ın, Mexici	NIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.) fy: NO	or No-	14. RACI Blac Spec	E — American Indian, k, Whits, etc. #/y: White	
	CEDENT'S EDU		16a.	DECEDENT'S	S USUAL O	CCUPATI	ON		16b. KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (	1	College (1-4 or 5	+)	Homema	use retired.)	aunng mo	ost or worker	ng	Own H	ome			
FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NA	AME (First, Middle, Melden	Surname)			
George Hen	ry Dec	ck					Ma	rga	ret M. Sch	olli	an		
INFORMANT'S NAME (	Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Number	r or Rural	Route Number, City or Tox	vn, State, 2	Sip Code)	-	
Daniel E.	Roney			122 5	Sprin	g P	Lace	Way	Annapoli	s Ma	rylar	nd 21401	
Burlel 2 Cremete Donation 5 Other	on 3 🗆 Ram	noval from State	other	E OF DISPO							- City or To	own, State Maryland	
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- Robert	3,-	Evans	P	res.	E				Funeral Ho				
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at initiated events		OUE TO	O (OR AS A CON	SEQUENCE (	OF):								

Sequentielly list conditions, if any, leading to immediate	bDUE TO (OR AS A CON	SEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	C. OUE TO (OR AS A CON	SEQUENCE OF):				
PART II. Other algorificent condition	ona contributing to deeth but n	ot reaulting in the u	enderlying couse given i	n Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one	n)	
1 YES 2 HO	HOSPITAL:	3 DOA 4 DA	R: ursing Home 5 Residence	6 🗆 Other	(Specify)	
27. MARHER OF DEATH  1   Himmal 5   Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d, DES	CRIBE HOW INJURY OCCU	PRED
3 Suicide 6 Could not be	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm, street, fe	ctory, office		NTION (Street and Number of or Town, State)	r Rural Route Number,

296. SIGNATURE AND TITLE OF CERTIFIES D39726 ► 9/10

person who completed cause of Death (ITEM 27) (Type, Print) Greenbelt, MD 20776 7525

31. DATE FILED (Month, Day, Year)
SER 198 90

DHMH-16 Rev 1/89

FUNERAL

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BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

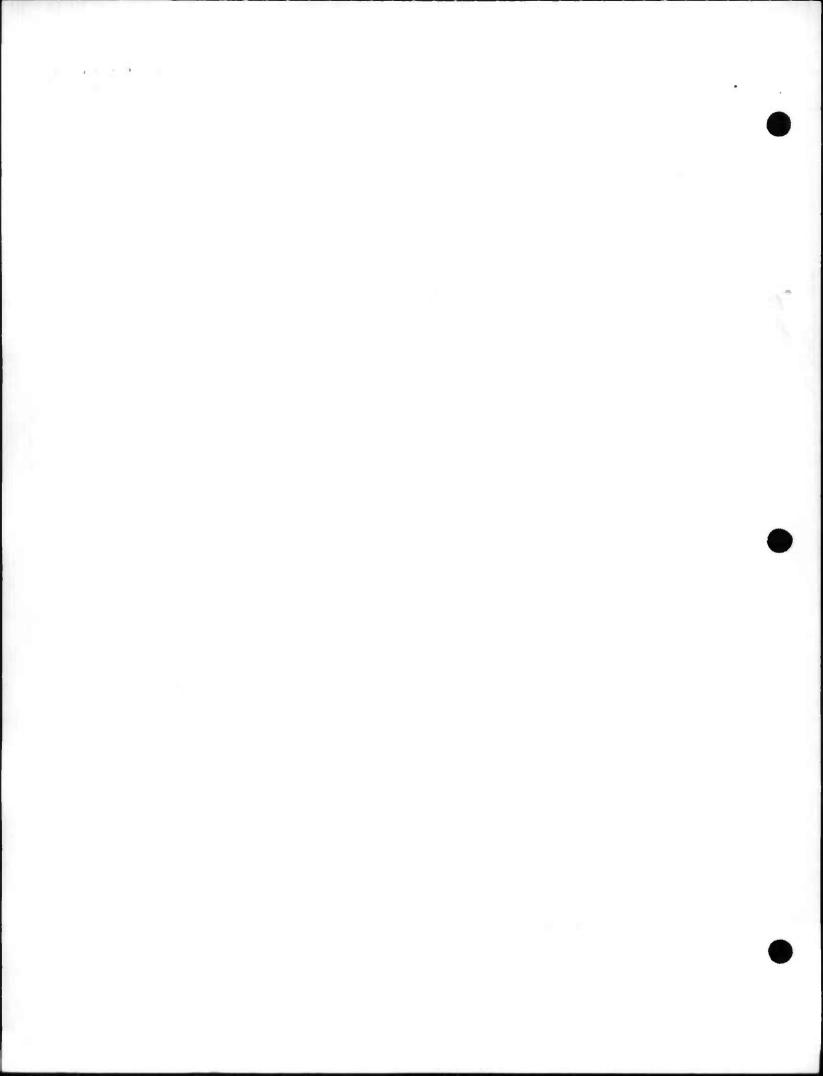
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Man

2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) E. DORTHA RUCKMAN September 29. 1990 8:50 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7, DATE OF BIRTN (Month, Day, Year 8. BIRTNPLACE (State or Foreign Country) 1 . MXX F DAYS HOURS 66 12-10-1923 219-14-6048 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 9a. FACILITY NAME (If not institution, give street and number) **Allegany** DIRECTOR Memorial Hospital Cumberland RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Allegany Cumberland XX YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 457 Waverly Terrace 21502 USA 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 100 11. MARITAL STATUS
1 Never Merried Married 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 22
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES X NO Specify: 3 Widowed 4 Divorced white 18e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) secretary Insurance Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Herman J. Curry E. Almeda Ruppert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Gerald V. Ruckman 457 Waverly Terrace Cumberland, MD 21502 29n. METHOD OF DISPOSITION

1 ☑ Burlei 2 ☐ Cremetion 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Btate Sufficient Memorial Park Cumberland, MD 4 Donetion 5 Other (Specify) 22 NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cumberland, MD 21502 23. PART I. Inter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** disease or condition DUE TO (OR AS A CONSEQUENCE OF): devident resulting in death) CHF CERTIFICATION Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING Diabelis CAUSE (Disesse or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST FSRI) 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 JANO 13/2 Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Nome 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending м 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED. 6 Could not be determined 4 Homicide COMPLI 1 CERTIFYING PNYSICIAN: To the best of sign knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of a in end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Dak Year) B -3157 90 16 2 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 517 Old Town Road Cumberland, MD. 21502 Suresh 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) who Davidson Randall OUT 02 1390



DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 272 146		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the in the physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained to be state bent, of Health and Mental Hygiene prior to burial, cremation, or removal.	permit. Pages 1, 2, 3 should	
MPORTANT: if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		

	REGISTRAN			-11111	ICAL	- 01	DLA	111	REG	NO.		
	1. OECEOENT'S NAME (First, Middle, Last) MILDRI	ED J. REI	ED						2. DATE OF DEAT MONTH Sept. 1	DAY	YEAR	3. TIME OF DEATH 2:30 P.M
	4. SOCIAL SECURITY NUMBER	6. SEX FEM	6. AGE (In yrs. les	of hiethelms)	IF UNDER	4 VEAD	IF UNDER	24 MBC	7. DATE OF BIRT		-	IPLACE (State or Foreign
	220 03 6003	1 □ M 2 ^X F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	June 5,	1900	Ma	ryland
	9s. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	TOWN (	R LOCATI	ON OF DE	ATH	9c. CC	UNTY OF D	EATH
œ	Colonial Manor A	pt. (At I	Home)		Ches	ter	town			K	ent	
K	RESIDENCE OF DECEDENT					_						
DIRECTOR	Maryland Ker				y, TOWN o							10d. INSIDE CITY LIMITS?  YES 2 NO
7	10e. STREET AND NUMBER					10	ZIP COD	Ę 0.0		10g. C	TIZEN OF Y	VHAT COUNTRY?
FUNERAL	Colonial Manor	Apts. Mo	orgnec R	oad			21	620			USA	
ᅙ	11. MARITAL STATUS WIDOWED	12. WAS DECEDEN	IT EVER IN U.S. AR	RMED	13.	WAS DEC	ENDENT O	OF HISPAN	IIC ORIGIN? (Speci	v Yea or No-	14. BACI	E — American Indian,
	1 Never Married 2 Married		YES 2 1			If yes, sp	ecify Cube	in, Maxica	n, Puerto Ricen, st		Black	k, White, atc.
B	3 Wildowed 4 Divorced	IF 765, GIVE 1	HAN ON DATES	No		1 _ 765	2   NO	Specify	No		Spec	White
0	15. DECEDENT'S EDU	CATION	18a, DE	CEDENT'S	USUAL O	CCUPATION	ON		16h KIND O	F BUSINESS/I	NDUSTRY	
	(Specify only highest grade		(G	lve kind of Do NOT u	work done	during mo	st of worki	ng	100110110	DODINEDON	10001111	
اچ	Elementary/Secondary (0-12)	College (1-4 or 5	+)	mema					Own H	ome		
COMPLETED						_						
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, M			
BE		phen Boor	ne Hickm	an			Ma	ry R	. Jewell			
2	19a. INFORMANT'S NAME (Type/Print)	10		b. MAILING	ADDRESS	Street a	nd Number	r or Rural F	Route Number, City of	r Town, State,	Zip Code)	
F	Stephen S. Hickman	an (Son)	)									
	20a. METHOD OF DISPOSITION BUT	rial	20b. PLACE		SITION (Na	me of ce	netery, crer	natory or	20	c. LOCATION	- City or To	own, Stata
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Donation 5 Other (Specify)	oval from State	Chest	er C	emete	ery	(Se	pt.	22, 1990	Che	ster	town, Md.
	21. SIGNATUJE OF FUNERAL SERVICE LIG	CENSEE	. ^				ND ADDRE		-			
	- ( - 1 ) . 0	1	1.00							P.O. I	Box #	264
	J.WIN	Visla	1100	1	) ] ].	. Wi	llis	Wel.	ls Che	sterto	wn,	Md. 21620
	23. PART . Enter the diseases, or chock, or heart feliure. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	a. UTC-	use on aach ilne	ð.								interval Batween Onset and Death
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	bOUE TO	OR AS A CONSE	OUENCE O	PF):							
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO	(OR AS A CONSE	OUENCE O	PF):							
8		d							,			
	PART II. Other significant condition	s contributing to	death but not	resuiting	in the ur	dariyin	g cause	given in	Part i. 24a. W	S AN AUTOPS	Y 24t	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL							3,0	Stan See See	10 4	ES 2 NO		COMPLETION OF CAUSE
6										2 2 110		OF DEATH?
Σ									—			1 TES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL											
5	EXAMINER?	HOSPITAL:			OTHE		LACE OF D	PEATH (Ch	eck only one)			
YS	1 Q YES 2 NO	-	☐ ER/Outpatient 3		4 🗆 Nur	sing Hon		esidenca	8 Other (Specif)	·		
BY PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TIA	JURY M	W	URY AT ORK? YES 2 [	□ NO	26d. DESCRIBE I	IOW INJURY (	CCURED	
COMPLETED B	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE ( building	OF INJURY — At he, etc. (Specify)	ome, ferm,	atreet, fac	lory, offic	:0		28f. LOCATION (S City or Town,	itreet and Numi State)	per or Rural	Route Number,
<u>u</u>	29a. CERTIFIER		-		24	_						
린	(Check only											
5	2 MEDICAL EXAMINE	R: On the basis of	examination and/or	Investigati	on, in my	opinion,	leath occu	red at the	time, date and pla	ce, and dua to	the cause(	s) and manner as stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
0	Jel-C. Ken	- mm					D 1	3824	+			19, 1990
유	30. NAME AND ADDRESS OF PERSON WH		ISE OF DEATH ATE	M 27) /Time	n. Print)						1 - 4	
				,		M	7 -	nd ?	1620			
	John C. Seymour	(D 1382		ester	cown	, Ma	ггута	mu Z	.1020	<u>:</u> _		
,	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE									
	SFP 26 '90	Ary.	lia Savidson	Pan	1.00							

sit permit, Pages 1, 2, 3 should

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	age		De 1
-	X, p		12
	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by		: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
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2	Afte	deal	E
	10H	after	28
i i	IREC	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	FOR	CTATE OF B	IADVI AL	ID / DEDAG	TMENT (	ne ur	EALTH AND I	MENTAL U	VOIEN	c	9.0	2	7656
	- STATE REGISTRAR	SIMIE UF I	IANTLAN	CERTIF					EG. NO.		20	(-	1000
i	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	ΛA	YEAR	3. TIME O	
	Allnutt			eid, Jr	•			9	28		90		00 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In )	yrs. lest birthdey)	IF UNDER 1 Y		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day	( Your)		8. BIRTH Countr	IPLACE (Stary)	ite or Foreign
1	225-28-2943	1 🔀 M 2 🗌 F		66 YRS.				Dec. 1	7, 1			ry1ar	nd
_	9e. FACILITY NAME (If not institution, give a						LOCATION OF DE				INTY OF D		
5	Calvert Memoria	al Hospi	al		F	Prir	nce Fred	erick			Calv	ert	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	,		10c, CI7	Y, TOWN OR	LOCATIO	ON					10d. INSIE	
	D.C.			V	Jashin	gto	n						2 NO
4	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CIT	IZEN OF V	WHAT COUN	ITRY?
FUNERAL	5519 B Street.	S.E.					2001	19			USA	1	
5	11. MARITAL STATUS	12. WAS DECEDEN					NDENT OF HISPAN			or No-	14. RACE	E — Americ k, White, et	en Indien,
BYF	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V 1948-	MR OR DATE	Z [] NO ES			cify Cuben, Mexica 2 X NO Specifi		, etc.)		Speci		ack
ED	15. DECEDENT'S EDU		1	6a. DECEDENT'S	USUAL OCCI	UPATION	ν	16b. KIN	D OF BUS	SINESS/IN	DUSTRY		
m	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	.)	life. Do NOT u	work done dun se retired.)	ing most	t ar worlang						
Ĕ		0-1		Car	enter								
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA			Surneme)			
ш	Allnutt Reid						Ess	ie Jone	es				
0	19e. INFORMANT'S NAME (Type/Print)						d Number or Rural						
-	Sylvia Reid			507 (	Greenh	111	Avenue	W11mi					9805
	20a. METHOD OF DISPOSITION 1 分 Burlal 2 ☐ Cremation 3 ☐ Rem	oval from State	0	ther place)			etery, crematory or				- City or To		
- 1	4 Donation 8 Dother (Specify)			Plum Po	-		ch Ceme		Hun	ting	town	, Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC		^		22. NA	ME ANI	D ADDRESS OF FA	CILITY	145	l Dan	res E	Beach	Rd.
	* Spencer &	Sen	rell.		Sew	e11	Funeral	L Home	Pri	nce I	Frede	rick	, Md
$\neg$	23. PART I. Enter the diseases, or ahock, or heart failure.				not enter th	ne mod	le of dying, suc	h aa cerdisc	or resp	iratory s	rrest,		proximete erval Between
	IMMEDIATE CAUSE (Final	List only one ce	ine on eec	n me.									set and Death
	disease or condition resulting in death)	4.			Neck	In	juries						
		DUE TO	(OR AS A C	ONSEQUENCE	PF):								
z	Sequentially list conditions,	b											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A C	ONSEQUENCE (	PF):							j	
은	CAUSE (Disesse or Injury that initiated events	c	(OR AS A C	ONSEQUENCE (	OF):							<del></del>	
	resulting in death) LAST												
		d											
A	PART II. Other aignificent condition	ns contributing to	desth but	not resulting	in the unde	erlying	cause given in	Part i. 24	PERFO	AUTOPSY	241	AVAILABLE	TOPSY FINDINGS E PRIOR TO
PHYSICIAN: MEDICAL								10	XYES :	NO		OF DEATH	ION OF CAUSE 1?
W W												TYES	2 🗌 NO
ż													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (C/	heck only one)					
Ysl	1 XYES 2 NO	1 Inpetient 2			4 🗆 Nurein	ng Home	5 - Residence						
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE O	Day, Year)		JURY	Sc. INJU	RK?	28d. DESCRI				_	pact.
BY	2 K Accident Investigation	9/28		2:00 - At home, ferm,			ES 2 XNO	driver					
	3 Suicide 8 Could not be 4 Homicide determined	building	etc. (Specify	y) _		у, описе		City or To	wn, Stets	)			e Rd.,
Щ	29e. CERTIFIER			roadwa	1				61 8		Calv		0., Md.
MPI	(Check only										lated.		
COMPLETED	2 K MEDICAL EXAMIN		xamination	end/or investigat	ion, in my opi	inion, de	eath occured at the	e time, date end	place, e	nd due to	the cause(	(e) end man	ner as stated.
BE	294. SIGNATURE AND TITLE OF CERTIFIE	Galle	$\mathcal{A}$	M	/		29c, LICENSE NU			29d. D/	SIGNE	0 (Month, D	ey, Yber) 90
٥	30. NAME AND ADDRESS OF PERSON WI			TH (ITEM 27) (7)	e, Print)	onn	Ct-		Ral4	-imor	60 M	id. 2	1201
- 1	■ Marto P. (90116	· UL · · IY	• L/ •	1	LLL P	CILL	DL.		DOLL		C, P	ruo L.	LCUL

32. BEGISTRAR'S SIGNATURE
Julia Davidson-Randall

DHMH-18 Rev 1/89

650F 1 199

Note that the second se

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

FREDERICK

150-14-8788 1 BA 2 0 F

Peninsula General Hospital

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

Salisbury, MD

9b. CITY. TOWN OR LOCATION OF DEATH

READ

B. AGE (in yrs. last birthday)

MONTH 9

executed within

BOX 13146,

P.0.

OF VITAL RECORDS,

DIVISION

HOSPITAL

21203-3146

2

permit. Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT IDC. CITY, TOWN OR LOCATION 10b. COUNTY Md. Worcester Berlin FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 206 Broad St 2181 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No --FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 | YES 2 | X NO Specify: 2 XNO 1 Never Married 2 Married BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use setred.) 15. OECEDENT'S EDUCATION (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8 Years Nurseryman Nursery 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William Read Harriet BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Purel Route Number, City or Town, State, Zip Code) notifie 2 206 Broad St. Berlin Md. 21811 Lily Colaga Read 2 20b. PLACE OF DISPOSITION (Name of cometery, crematory or mutt Cedar Lawn Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY examiner Holloway Funeral Home 501 Snow Hill Rd. Salisbury, Md.21801 medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. **IMMEDIATE CAUSE (Final** the disease or condition_ ASPIRATION - CHRONIC
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) event, DEMENTIA traumatic CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 23 shows any Injury, PART II. Other aignificent conditione contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL HEART CONGESTIVE FAILURE 1 YES 2 NO ANASARCA PHYSICIAN: HYPOALBUNINEMIA 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL:
| Inpatient 2 = ER/Outpatient 3 = DOA 1 YES 2 NO OTHER: ng Home 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursi 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, Natural 5 Pending investigation 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 🔲 Sulcide 6 Could not be 80 COMPLETED 4 🗌 Homicide 28 CERTIFIER (Check only one)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. Hem. 29a. CERTIFIER FUNERAL ( *** 2 MEDICAL EXAMINER: On the be TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: I 29c. LICENSE NUMBER 296. SIGNATURE AND TUKE OF CERTIFIER BE D365 76 2 HO MOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 560 Riverside Dr TRAVIT MAIR A204-SEP 2 4 90 32. GEGISTRAR'S SIGNATURE

90 27657 3. TIME OF DEATH 2. DATE OF DEATH DAY 22 20 1630 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign 11-24-04 9c COUNTY OF DEATH Wicomico 10d. INSIDE CITY 1 TES 2 ND 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, atc. Specify: White 16h. KIND OF BUSINESS/INDUSTRY (unk) 20c. LOCATION — City or Town, Stata Patterson New Jersey Approximate intervai Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 ND 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) death occured at the time, deta and place, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 90 22

	FOR
1 -	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27658

	REGISTRAR		CERTIFICA	TE OF DEATH	REG. NO	),	
	1. OECEDENT'S NAME (First, Middle	m.	, 0 ,		2. DATE OF OEATH	MY3 90°	3. TIME OF DEATH
	Dula	M. Rane			/		
	4. SOCIAL SECURITY NUMBER	1	O/ MONT	HOER 1 YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)
	d20-01-17	188 1 DM 2 DF	76 YRS.		4-6-9	4 De	no quarter, 1
CTOR	99. FACILITY NAME (If not institution  MALLALA  RESIDENCE OF DECEDE	Day Hog	Center 50	20 Merhur	raue.	and	OF DEATH  ML,
DIREC	10a. STATE 10b. (	COUNTY		VN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	Maryland Wi	icomico		107. ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?
RA	804 Booker I	07.000		21801		U.S.	
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DECENDENT OF HISP		e or No- 14. F	RACE — American Indian.
BY FI	1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OF		If yes, specify Cuban, Mexic 1 TYES 2 SA10 Spec			Black, White, etc. Specify: Black
ED	16. DECEDENT	T'S EDUCATION set grade completed)	16a. OECEOENT'S USUA		16b, KIND OF BU	ISINESS/INOUSTI	
T	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iths. Do NOT use retin	one during most of working ed.)			
APL	07		Beautic	can	Cosm	etolog	SY
COMPL	17. FATHER'S NAME (First, Middle, L	Last)			IAME (First, Middle, Melde		
BE 0	Joshua Leat	herbury		Margar	et Ann I	eather	bury
TO B	19a. INFORMANT'S NAME (Type/Pri		19b. MAILING ADDI	RESS (Street and Number or Rura			
F	Hilda Gord	V	804 Box	oker Place	Salis. M	d. 218	301
	209. METHOD OF DISPOSITION			(Name of cemetery, crematory or		OCATION — City of	
	4 Donation 5 Other (Special		Springhil	Gardens	He	bron.	Md.
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE		22, NAME AND ADDRESS OF			st Rd.
	MD-1	NB Sta	t	Clinton F.	C1 .		
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE OF):	ble CV	9		
E	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR )	AS A CONSEQUENCE OF):				
CALC	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d. DUE TO (OR A		e underlying cause given i	PERFO	PRMED?	MAILABLE PRIOR TO COMPLETION OF CAL
DICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		e underlying cause given i		PRMED?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	th but not resulting in the	e underlying cause given i	PERFO	PRMED?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL C	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant so	d	th but not resulting in the	28. PLACE OF DEATH (	PERFC	PRMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO
SICIAN: MEDICAL C	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant co	d	th but not resulting in the	yndrong	PERF( 1 YES	PRMED?	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pendid	DICAL HOSPITAL: 1   Inpetient 2   ER/ (Month, Day, 16	th but not resulting in the S.	26. PLACE OF CEATH (	PERF( 1 YES	PRMED? 2   NO	ANILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1. Metural 5 Pendin	DICAL HOSPITAL:    HOSPITAL:   Unique to the contributing to deared to the contributing to deared to the contributing to deared to the contribution of the contributio	th but not resulting in the Section of the Section	26. PLACE OF OEATH (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PERF( 1   YES  Check only one)  6   Other (Specify)	PRMED?  2   NO  INJURY OCCURE	ARILABLE PRIOR TC COMPLETION OF CAI OF DEATH?  1  YES 2 NC
ED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant so EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendic Invest 2 Accident 3 Suicide 6 Could determ  29a. CERTIFIER (Check only one) 2 MEDICAL E	DICAL  HOSPITAL:    Inpatient 2   ERAMINER: On the besis of examination of the besis o	th but not resulting in the state of the sta	26. PLACE OF OEATH (IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	PERF( 1 YES  1 YES  Check only one)  e 8 Other (Specify)  2ed. DESCRIBE HOW  2ef. LOCATION (Stree-City or rown, State)  ue to the cause(a) and mhe time, data and place, data	INJURY OCCURE  t and Number or R  anner as stated, and due to the ce	ARILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  ED  LUTE! Route Number,
D BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MED EXAMINER?  1	DICAL HOSPITAL:  1 Inpetient 2 ENAMINER: On the best of my keep and the best o	th but not resulting in the state of the sta	26. PLACE OF CEATH (INTERING HOME 5   Residence 28c. INJURY AT WORK?  I YES 2 NO , factory, office the time, data and place, and d my opinion, death occured at the state of the time, data and place and d my opinion, death occured at the state of the time, data and place and d my opinion, death occured at the state of the state o	PERFC  1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Rown, State)  ue to the cause(a) and mhe time, data and place, to the cause (b) the cause (c) and the time, data and place, to the cause (d) t	INJURY OCCURE  and Number or R  anner as stated, and due to the ce	ARABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1  YES 2 NO  NUMBER OF CAL ON CAL OF CALCON CALC
E COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MEDICAL ST  26. WAS CASE REFERRED TO MEDICAL ST  27. MANNER OF DEATH  1 YES 2 NO  27. MANNER OF DEATH  1 Hentural 5 Pendid Invest  2 Accident  3 Suicide 6 Could determ  29b. CERTIFIER (Check only one) 2 MEDICAL E  29b. SIGNATURE AND TITLE OF C  30. NAME AND ADDRESS OF PERI	DICAL HOSPITAL:  1 Inpetient 2 ENAMINER: On the best of my keep and the best o	th but not resulting in the state of the sta	26. PLACE OF CEATH (INTERING HOME 5   Residence 28c. INJURY AT WORK?  I YES 2 NO , factory, office the time, data and place, and d my opinion, death occured at the state of the time, data and place and d my opinion, death occured at the state of the time, data and place and d my opinion, death occured at the state of the state o	PERFC  1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Rown, State)  ue to the cause(a) and mhe time, data and place, to the cause (b) the cause (c) and the time, data and place, to the cause (d) t	INJURY OCCURE  and Number or R  anner as stated, and due to the ce	ARILABLE PRIOR TO COMPLETION OF CAL OF DEATH?  1 YES 2 NO  ED  LUTE! Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL C	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant co  25. WAS CASE REFERRED TO MEDICAL ST  26. WAS CASE REFERRED TO MEDICAL ST  27. MANNER OF DEATH  1	DICAL HOSPITAL:  1 Inpetient 2 ENAMINER: On the best of my keep and the best o	th but not resulting in the LULL B. S.	26. PLACE OF OEATH ( MER: Nursing Home 5   Residence WORK? 1   YES 2   NO , factory, office  the time, date and place, and d my opinion, death occured at to 29c. LICENSE N	PERFC  1 YES  Check only one)  6 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Stree-City or Rown, State)  ue to the cause(a) and mhe time, data and place, to the cause (b) the cause (c) and the time, data and place, to the cause (d) t	INJURY OCCURE  and Number or R  anner as stated, and due to the ce	ARALABLE PRIOR TO COMPLETION OF CAI OF DEATH?  1  YES 2 NO  BUT A COMPLETION OF CAI OF DEATH?  1  YES 2 NO  BUT A COMPLETION OF CAI OF



2:471

1. DECEDENT'S NAME (First, Middle, Last)

KATHERING

YEAR

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit he State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.
13146,	xecuted within	and completel burial, crema
BOX	ficate be e	physician ne prior to
P.0.	eath certi	attending Ital Hygie
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the d	<ul> <li>DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fill hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.</li> </ul>
-	: The lan	tate has
VITA	CIAN	artific She S
OF VITA	PHYSICIAN	r this certific

)		578-40-7143	1000	62		ONTHS DAY		(Month	Day, Year)	28	Mary	land
1	OR		EALTH CAR	e Cex			MORLOCATION OF C				CHE !	STER
	5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUR	TY		10c. CITY.	TOWN OR LO	CATION				100	. INSIDE CITY
	DIRECTOR		RCHESTER				2JDGE					LIMITS? KYES 2 NO
	FUNERAL	1303 600 (	WILL A	VE	101. ZIP CODE 2/6/3			3	10g. CITIZEN OF WHAT COUNTRY?			
	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N		If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Spec	an, Puarto F		or No-	Specify:	American Indian, nita, atc.
	哥	15. DECEDENT'S E (Specify only highest gra		(GA	CEOENT'S US we kind of wor Do NOT use i	k done during	ATION most of working	16b.	KIND OF BUS	INESS/IND	USTRY	
	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +) 4	Ing.			/Librari	an				
Once.	8	17. FATNER'S NAME (First, Middle, Lest)					16. MOTNER'S N		tiddle, Maiden	Surname)		
7	ш	Raymond Will	iams				Ka	ther	ine W	righ	t	
notified	TO B	19a. INFORMANT'S NAME (Type/Print)		1111			et and Number or Rura					
pe no	F	Lindy D. Rob	bins	1	303	Goods	vill Ave	Cam	bridg	e, M	id. 2	1613
must b		20a, METHOD OF DISPOSITION 1 X Burial 2 Cremetion 3 Re	movet from State	other pla	OF DISPOSIT	ION (Name o	cemetery, crematory or		20c. LO	CATION — (	Olty or Town,	Stata
E		4 Donatton 6 Other (Specify) 21. SIGNATURE FUNERAL SERVICE		Dorc	hest	er Me	emorial E AND ADDRESS OF F					
examiner		21. SIGNATURED FUNERAL SERVICE	LICENSEE					T				Home
		23. PANTIL Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest,   Approximate										
medical		✓ ehock, or heert fallure. List only one ceuse on each line.  Intervel Between										
		IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  a. Melanoma generalized—metastatic  Due to (or as a consequence of):  Sequentlelly list conditions,  Due to (or as a consequence of):  Oneet and Daath  Oneet and Daath  (Year)										
other traumatic event, the	7		DUE TO (OR AS A CONSEQUENCE OF):									
aumati	CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEC	DUENCE OF):	, ,	, , , , , ,					
ther tr	IFIC	CAUSE (Disease or injury thet initieted events	c. DUE TO (OR AS	S A CONSEC	OUENCE OF):							
5	ERT	resulting in deeth) LAST	d									
shows any injury,		PART II. Other algnificent condit	one contributing to deeth	but not n	eculting in	the under	lying cause given I	n Pert I.	24a. WAS AN			RE AUTOPSY FINDINGS
amy	MEDICAL								1 TYES 2 NO COMPLETE		MPLETION OF CAUSE DEATH?	
Shows									YES 2 NO			
E 2	CIAN:	25. WAS CASE REFERRED TO MEDICAL				2	8, PLACE OF OEATN (	Check only or	ne)			
item	SIC	EXAMINER?	HOSPITAL: 1 □ Inpatient 2 □ ER/O	utpatient 3		OTHER:	Home 5 - Rasidence	8 🗆 Othe	r (Specify)			
death with the	PHYS	27. MANNER OF DEATH  15. Natural 5 Pending	28s. DATE OF INJUR (Month, Day, Yea		28b. TIME INJUI	OF 28c	INJURY AT WORK?		CRIBE HOW	NJURY OCC	CURED	
28 is marked,	ED BY	2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF INJU building, etc. (S	JRY At ho specify)	me, ferm, str	eet, fectory,	offica	281. LOC City	ATION (Street or Town, State)	and Number	or Rural Route	Number,
item item	LEI I	29a. CERTIFIER 1 CERTIFYING PN	YSICIAN: To the best of my kn	owledge, de	eth occurred	at the time,	date and place, and d	ue to the car	se(a) and ma	nner aa atat	ed.	
7 =	COMPLET	0=01	INER: On the basis of examine	ition and/or i	investigation,	In my opini	on, death occured at ti	he time, data	and placa, er	d dua to th	a ceuse(a) en	d menner ee stated.
PORTANT	BEC	296. SIGNATURE AND TITLE OF CERTI	//	4			29c. LICENSE N	UMBER	,	29d. DATI	SIGNED (MO	onth, Day, Year)
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		20. NAME AND ADDRESS OF PERSON Lewis Bu	rdette, 1	1.1	$\mathcal{O}_{i}$	C	Huro	dae	ST	d 2	16	13
		31. DATE FILED (Health, Day, Year)	32. REGISTRAR'S	CHOSON -	Mandal	-		, ,				

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L RECORDS, P.O. BOX 13146,	s law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hy	

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	thin 24 h	etely fille	nt, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	cuted wi	d comple	tic ever
DX 1	e be exe	sician an	trauma
O. B	certifical	ding phy tygiene p	r other
S, P.	e death	the aften Mental F	ılury, o
ORD	s that th	alth and	amy in
REC	v require	been sig	shows
TAL	I: The lan	cate has	item 23
F VI	<b>IYSICIAN</b>	is certification is certification is certification is certification is certification in the Secretary is certification in the Secretary is certification in the Secretary in the	ed, or
ONO	DING PF	After th	s mark
VISI	A ATTEN	RECTOR: urs after	m 28 l
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	, SIAIE	STATE OF MARYLANI			MENTAL HYGIEN	E 9	0 27660		
	1. DECEDENT'S NAME (First, Middle, Last)	2A 820B)	ERTIFICATE ERTSDN	OF DEATH	2. DATE OF DEATH MONTH D.		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. 213 - 09-5407	BIRTHPLACE (State or Foreign Country) MD							
TOR	9a. FACILITY NAME (If not institution, give street  22 WASHING RESIDENCE OF DECEMENT	STED	EN CARROLL						
DIRECTOR	10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION							
IAL	10s. STREET AND NUMBER			10f. ZIP CODE 10g. (			OF WHAT COUNTRY?		
FUNERAL	23 Washington			21157		U.S.			
ВХ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 ☐ YES 2 IF YES, GIVE WAR OR DATES	X NO	MAS DECENDENT OF HISPA f yes, specify Cuban, Mexico D YES 2 NO Specif	s or No 14.	RACE — American Indien, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of work done of the Do NOT use retired.)	CCUPATION during most of working	16b. KIND OF BU				
MP.	17. FATHER'S NAME (First, Middle, Last)		Nurse		Nur		Health		
	Paul E. Rol	anteon				Sumame			
BE	19a. INFORMANT'S NAME (Type/Print)	De P CSO ()	19b. MAILING ADDRESS	Ann (Street and Number or Rural	Duval  Route Number, City or Tow	n, State, Zip Co	de)		
2	Allen Rober	rtson	5631 Bu	tterfly La	ne. Fred	erick			
	20a METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Remove			me of cemetery, crematory or		CATION City			
	4 Donation 5 Other (Specify)	S	tone Char	el Cemeter	v Ne	ew Wir	ndsor MD		
			P	name and address of F ritts Fune		& Ch	an e l		
	Robert K. I		4	12 Washing	ton Rd.	West	minster MD		
CERTIFICATION	ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):								
CEF	d								
: MEDICAL	PART II. Other algnificent conditions of	Part I. 24a. WAS AP PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
PHYSICIAN:	25. WAS CASE-REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)				
SIC		OSPITAL:    Inpetient 2   ER/Outpetient	of HEI	R: sing Home 8 🗆 Residence	6 Other (Specify)				
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCUP	ED		
BY	1 Tatural 5 Pending 2 Accident Investigation		M	1 YES 2 NO					
ETED	3 Suicide 6 Could not be 4 Homicide determined	City or lown. State							
COMPLI	10.100.11.01.11	N: To the best of my knowledg					auso(e) and manner as stated.		
TO BE	29b. SIGNATURE AND WILL ON CERTIFIER	le luer	MD.	29c. LICENSE NU	MBER 196	29d. DATE \$  ▶ 4 -	24-90		
F	DAMEL L. Y	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)	902 W	PENTING	194/Z	THUD		
	SEP 26 90	32. BEGISTRAB'S SIGNATU	Mandell.						

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TO THE HOSPITAL DR ATTENDING PAYSICIAN: The law requires that the death certificate be executed within 2 - Jurs after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic eyent, the medical examiner must be notified at or
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H			GIENE 9	0 27661			
	DECEDENT'S NAME (First, Middle, Lest)     CONCUCO     A. SOCIAL SECURITY NUMBER     5.	Oberts				2. DATE OF DE MONTH	25 9	3. TIME OF DEATH  // 3 5 A M  BIRTHPLACE (State or Foreign			
	-DD - C 1	M20F 8	yrs, last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, 05/12	709 M	Country) Iaryland Y OF DEATN			
TOR	ANNE ARUNDES ME	EdiCAL CE	Nter	ANNAP	dis	AIN	AVNE	1 / 1			
DIRECTOR	MD Anne A	Arundel	10c. CITY May	, town or locat	ION			10d, INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 408 Lakeview Av	venue	•		ZIP CODE	10g. CITIZE USA	N OF WHAT COUNTRY?				
BY	11. MARITAL STATUS  1 Never Merried 2 Merried  3 XWidowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DA	2 X NO	If yes, sp	ENDENT OF NISPAN selfy Cuban, Mexicar 2 NO Specify.	RACE — American Indien,     Black, White, atc.     Specify: White					
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C	16e. DECEDENT'S (Give kind of war life. Do NOT us Driver	USUAL OCCUPATION 18b. KIND OF BUSINESS/INDU 18c retired.)  18b. KIND OF BUSINESS/INDU 18c retired.)				STRY				
BE CO	17. FATHER'S NAME (First, Middle, Last) Daniel B. Rober	17. FATHER'S NAME (First, Middle, Lest) Daniel B. Roberts  18. MOTNER'S NAME (First, N Delia Par									
TO B	Bernadette Schied  19a. NATITE Drive, Annapolis, MD 2							21401			
	20s. METNOD OF DISPOSITION 14. Burial 2 Cremetion 3 Removal from State 4 Donalion 6 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)  Lakemont Cemetery						Davidsonville, MD				
	21. SIGNATURE OF FUNERAL SERVICE LICENS  Thomas	Philesy		Harde 12 R	o ADDRESS OF FAC Sty Fur idaley	neral Avenue	Home P.	olis, MD			
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart fellure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Oue TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, b	The Warmonia									
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO GRASA	oger as a consequence of):								
CE	PART II. Other algnificent conditions of	contributing to death b	ut not resulting	in the underlyin	g cause givan in	Part I. 24a.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
I: MEDICAL						1	YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
PHYSICIAN:		OSPITAL:		OTHER:	LACE OF DEATN (Ch						
	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. IN.	IURY AT DRK?		E HOW INJURY OCCU	JRED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datermined	28e. PLACE OF INJURY building, atc. (Special	At home, ferm,			28f. LOCATION City or Tox	(Street and Number of vn, State)	r Rural Route Number,			
COMPLET	CONSUM ONLY	AN: To the best of my knowl On the basic of examination						d. ceuse(e) and manner ee stated.			
29d. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE								SIONED (Morith, Day, Year)			

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296. SIGNATURE AND TITLE OF CERTIFIER

Peterson MD 102. REGISTRATE SIGNATURE MUNICIPALITY 600 1130 - 93

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	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DR. HARJIT SIDHU.
31. DATE FILED (Month, Day, Year)
SEP 21 *90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Julia Devidson Andale

	FOR 1 _ STATE	STATE OF MARYLA	AND / DEPAI	RTMENT	OF HI	EALTH AND N	IENTAL HYGIENE	90	27662	
ļ	1. OECEDENT'S NAME (First, Middle, Last)  MILDRED VERA STAD	מידו דים	CERTIF	ICATE	OF	DEATH	REG. NO.  2. DATE OF CEATH MONTH DAY  SEPTEMBER		3. TIME OF OEATH 1990 1:10P M	
	4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)	
ļ	9n. FACILITY NAME (If not institution, give stre	Α ]	07 7713.	9b. CITY	, TOWN OF	R LOCATION OF DEA		1923 Washington, D.C.		
TOR	SACRED HEART HOSP		C	UMBE	RLAND, M	ARYLAND	LAND ALLEGANY			
DIRECTOR	10a. STATE 10b. COUNTY Pennsylvania Bedford			ry, town o		ON		10d. INSIDE CITY LIMITS? 1 □ YES 2 🏅 NO		
	10e. STREET AND NUMBER					ZIP CODE		N OF WHAT COUNTRY?		
FUNERAL	Route #3 Box 81	44 1100 0000000000000000000000000000000		La		5535			ed States	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO		If yes, spe		IC ORIGIN? (Specify Yes i, Puerlo Rican, etc.)	or No —	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade completed) (Git			work done	CCUPATION during mos	N t of working	16b. KINO OF BUS			
MPL	12		Manage	r			Dry Cle		3	
	17. FATHER'S NAME (First, Middle, Last)  James Mark Stadtle	er					ME (First, Middle, Maiden : Cecelia Par			
) BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORES	S (Street ar		oute Number, City or Town		ode)	
2	Dorothy N. Finchar						ville, Per			
	26e. METHOD OF DISPOSITION  12C Burisl 2 Cremation 3 Remove  4 Donation 5 Other (Specify)	val from State	other place) arklawn			etery, cremetory or Park			ty or Town, State  e, Maryland	
	21. SIGNATURE DE FUNEBAL SERVICE LICE	n Dyer	<b>м</b> 0085	I	ober	t A. Pum 300 West	nphrey Fune Montgomen Montgomen	eral E cy Ave	Home/Rockville,	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory screat, shock, or heart failure. List only one cause on each line.  Approximate interval Between									
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  S. RESPIRATORY FACLURE  OUE TO (OR AS A CONSEQUENCE OF):									
z	- METASTAITC CARCINIMA OF RIGHTBREEN									
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE	OF):		0 = 1 =	565 0			
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE	0F):		Churpi	- lertus,	ican.		
- 1	PART II. Other significant conditions	contributing to death t	ut not resulting	in the u	nderlying	ceuse given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINOINGS	
PHYSICIAN: MEDICAL	ANEM	4-					PERFOR	13557	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ.									1 TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH (Ch	ack only one)		•	
IXSI	1 TYES 2 X NO	1 Monpatient 2 ER/Out	patient 3 DOA	4 🗆 Nu			8 Other (Specify) 28d, DESCRIBE HOW I	N RIBY OCCI	IREO	
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	200.	NJURY M	1   1	RK?	Zed. DESCRIBE NOW R	NJOH / OCC	oneo .	
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm cify)	, street, fac	tory, office	•	28f. LOCATION (Street a City or Town, State)	and Number a	r Rural Route Number,	
COMPLETED	none)	CIAN: To the best of my know R: On the besis of examination							d. cause(s) and manner as stated.	
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	- 4				29c. LICENSE NUN	ABER	29d. DATE	SIGNED (Month, Day, Year)	
10 B	TO NAME AND ADDRESS OF PERSON WHO	w MB-	TATU STERR OF CL	no Reint)		D26907		P 9	20/801	

FROSTBURG, MARYLAND 21532

OHMH-16 Rev 1/89

physician. burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

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5	THE FUNE Fled within	PORTANT
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF M			MENT OF H	EALTH AND I	MENTAL	HYGIENI	90	2	7663
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE	OF DEATH	v v		TIME OF DEATH
Leon Soko							Sep		, 199	0 :	12:16 Pm
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. last	MC	ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	Dey, Year)		Country)	CE (State or Foreign
578-34-6919		1 🔀 M 2 🗆 F	62	YRS.			4/7/	/1928			ngton, D.C
9e. FACILITY NAME (If not in:				9		R LOCATION OF DE	EATH		9c. COUNTY		
Montgomer	y Ger	eral Ho	spital		Olney				Mont	gome	sry
10e. STATE	10b. COUNT			10c. CITY, T	TOWN OR LOCAT	ION				10d	. INSIDE CITY LIMITS?
Maryland	Montg	omery		Si	lver Sp	ring				11	YES 2 NO
10e. STREET AND NUMBER		# 0			101	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
14227 Georg	ia Ave					20906			USA		
11. MARITAL STATUS  1 Never Merried 2 🔀	Merried	FORCES? 1	T EVER IN U.S. AR		If yes, ep	ENDENT OF HISPAI ecify Cuben, Mexice	n, Puerto F		or No — 14.	Black, Wi	American Indian, lite, etc.
3 Widowed 4 Otvo		IF YES, GIVE \	WAR OR DATES		1 TYES	2 X NO Specif	y:			Specify:	White
15. DEC	EDENT'S EDU	CATION			UAL OCCUPATION		166.	KIND OF BUS	INESS/INDUS	TRY	WILLEC
Elementery/Secondary (0	y highest grade 1-12)	College (1-4 or 5	life	Do NOT use r	k done during mo etired.)	st or working					
110-1410-200-201-12			Indu	stria	1 Photo	, Salesm	an P	rivate	Indus	stry	
17. FATHER'S NAME (First, M						18. MOTHER'S NA			Surname)		
	kolow					Molly		bitch			
190. INFORMANT'S NAME (7		()				nd Number or Rural					
Stella Soko		(wife)	_			Avenue,	#12	7			
10 Burial 2 Commette	ION in 3 □ Rem	ovel from State	other pla	ece)		netery, crematory or			CATION — City		
4 □ Donation 5 D Other 21. SIGNATURE OF FUNERA		SENSEE	King	Davio	_	ial Gard		rai.	is Chu	rcn,	Virginia
. 19		L X	1 .		Danza	nsky-Gol	dber	g Memo	rial (	Chape	ls, Inc.
- la	411	n. /s	ne								D 20852
23. PART i Enter the di shock, or h		complicetions the			enter the mo	da of dying, aud	ch se cerc	lisc or respi	ratory srres	t,	Approximate interval Between
IMMEDIATE CAUSE (Fir	( /			•							Onset and Death
disease or condition resulting in dasth)	<b>→</b>	a. CON DUE TO	opulm	wnan	u a	nest					70min
		CA - A .	OR AS A CONSE	DUENCE OF):	. 1.	morr					201
Sequentially list condit			OR AS A CONSE		1 NY	MON-	vagi	V			20 Nrs
If any, isading to imme cause. Enter UNDERLY			Ten no n conce	, , ,							
CAUSE (Disease or Inju	iry	oue TO	(OR AS A CONSE	DUENCE OF):							
resulting in death) LAS	T .	d.									
DART II Other cleaning	na condista		d- ab b- a - a		Ab a see dealer		Deat 1			T	
PART II. Other algorifice					the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE
acum	MAX	Suzper	revou	7			- 1	1 TES 2	A NO		DEATH?
										1 [	YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	Γ			00.0	105 OF 051TH 00		1			
EXAMINER?	OWEDICAL	HOSPITAL:			OTHER:	LACE OF OEATH (C	_				
1 YES 2 7 NO		28e, DATE O	ER/Outpetient 3	28b, TIME		JURY AT		SCRIBE HOW I	NJURY OCCUI	REO	
	Pending	(Month,	Day, Year)	INJU	RY W	YES 2 NO					
a Catalan	Investigation Could not be		OF INJURY — At he	ome, term, str	eet, tectory, offic	10		ATION (Street		Rural Route	Number,
4 Homicide	determined	bullaing	, etc. (Specify)				City	or Town, State)			
29e. CERTIFIER	TIFYING PHYS	ICIAN: To the best of	of my knowledge, de	eth occurred	at the time, date	end place, end du	e to the car	use(e) end mai	nner as stated		
one)	Li Landa										d manner ee stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIE	R ( )	ил 4	M	0	29c. LICENSE NU	MBER		29d. DATE S	SIGNED /M	onth, Day, Year)
		am	IV WAY	10	_	1722	174	+		-18	
Dennis Ha	annon of Person Wi		JSE OF DEATH (ITE	M 27) (Type, P	Print)	0-5	1 4-		,	. 0	
18111 Prin	CO PI	ilip Dr	- Oln	us M	12 2	0832					
31. DATE FILED (Month - Day	90	32. REGISTR	AR'S GIGNATURE	Rende 12							

The Clan.	at the wrist-transit permit, Pages 1, 2, 3 should	2	
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WILLIAM	ripletely	crema	Swan

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HISPOTAL OR ATTENDING PHYSICIAN: The law mounts that the death certificate be enecored with TO THE PUNETAL DESCRIPCE. After this certificate has been appeal by the attending physician and complex stage within 72 hours after death with the State Dept. of Heath and Mental Hyghine prior to borral, or stage within 72 hours after death with the State Dept. of Heath and Mental Hyghine prior to borral, or IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic ow

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Released by Dr. Fronk Mayle

	FOR STATE REGISTRAR	S	TATE OF M	ARYLAND /	DEPAR	TMENT OF	HEALTH	AND N	MENTA	L HYGIEN	E 9	0 2	27664
	1. OECEDENT'S NAME (First, Mid	idle, Last)		-					2. DATE	OF DEATH	Y	ZYEAR Z	3. TIME OF OEATH
	Marion	OCh	wash	B. AGE (In yrs. les			1		7 /9 70				7 7 11
	4. SOCIAL SECURITY NUMBER 213-44-5032	6. S	YRS.	MONTHS DAYS	HOURE	R 24 HRS.	(Monti	, Day, Year)	,	Country			
	9e. FACILITY NAME (If not institut		M 2 X F			9b. CITY, TOW	OR LOCAT	ION OF OE				nington, D.	
DIRECTOR	11510 Old Geo	rgetow					cvill					ntgo	
<u>۾</u>	10e. STATE 10t	b. COUNTY			10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY LIMITS?
		lontgom	ery		Be	thesda							1 X YES 2   NO
RAL	10e. STREET AND NUMBER	n1 1	#007				of. ZIP COD						HAT COUNTRY?
FUNERAL	7501 Democracy Blvd., #227 20817 U.S.A.  11. MARITAL STATUS  12. WAS DECEMENT EVER IN U.S. ARMED  13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No									A -  — American Indian,			
	1 Never Married 2 Mar	rried	FORCES? 1 [	YES 2 X	NO	If yes,	specify Cub	an, Maxicai	n, Puarto			Black, Specify	White, etc.
BY	3 Widowed 4 Divorced	·					Y.	,					White
COMPLETED	15. OECEOE (Specify only hig	NT'S EDUCATIO	ON pleted)	(G		Work done during		ing		. KIND OF BUS			
岁	Elementary/Secondary (0-12)	Co	ollege (1-4 or 5+)			. Worker				ept. c f Mont			Affairs
NO N	17. FATHER'S NAME (First, Middle	s, Last)	<i>J</i> 1	50	JCIAI	WOLKEI	1	THER'S NA	_	Middle, Maiden	-	ry Co	Juney
	Isadore Ros							enny			Unkn	own)	
) BE	19a. INFORMANT'S NAME (Type/	Print)		19	b. MAILING	ADDRESS (Street			Route Num				
임	Martin Schwa	rtz	(son)	1	12105	Blue H	lag V	lay,	Co1u	mbia,	MD	21044	4
	20a. METHOD OF DISPOSITION 1 N Burlat 2 Cremation	3 Removal 1	from Stafe	other pi	lace)	SITION (Nama of					CATION —		
	4 Donation 5 Dame (Spi	ecify)	-	Washi	ngto	n Hebre	▼ Con			n Wasl	hingt	on,	D.C.
l I	21. SIGNATURE OF FUNERAL SE	garde License	" M	-						g Memo	rial	Chap	els, Inc.
Ш	Jury	y M	-/Ju	u						ke, Ro			MD 20852
	23. PART I. Enter the dises	rses, or comp t/isilure. List	olicetions that only one cous	ceused the de se on each line	eeth. DD	not enter the r	node of dy	ylng, suci	h es cen	diac or reapi	ratory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disesse or condition		Para	1.10	/ -	1.			. /				Onset and Death
	reaulting in deeth)	a	DUETO	COLLEGE	OUR	erory	- Or	res	X				20 mon
_			Munc	erdis	1 d	word	Tim	)					
CERTIFICATION	Sequentially list conditions If any, leading to immediat		DUE TO	OR AS A CONSE	OUENCE	995	0007						
8	csuse. Enter UNDERLYING CAUSE (Disease or Injury		Hyper	tensi	ne	U							9 years
=	that initiated events resulting in deeth) LAST		DUE TO (	OR AS A CONSE	OUENCE C	OF):							
5	rosulting in dooring Excer	d											
ᇦ	PART II. Other significant	conditions co	ontributing to	desth but not	reaulting	In the underly	ing ceuse	given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS
일				-						1   YES 2	NO		COMPLETION OF CAUSE OF DEATH?
MEDIC													1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO M EXAMINER?	н	OSPITAL:			OTHER:	PLACE OF		-			- 2	72
₹ ¥	YES 2 NO	11	1 Inpetient 2 28s. DATE OF		3 ☐ DOA 28b. TII	4 Nursing H	ome 8 🗆 F	Reeldence		SCRIBE HOW I			ace.
	1 Netural 5 Pen		(Month, De			JURY	WORK? YES 2	□ NO					
D BY	2 Deviate	estigation uid not be		INJURY — At he	ome, farm,	street, factory, o	fica			CATION (Street		or Rural R	oute Number,
ETE		ermined	ounding, i	nc. (Specify)					City	or Town, State)			
밀	29a. CERTIFIER (Check only	ING PHYSICIAN	: To the best of	my knowledge, d	eath occur	red at the time, d	ate and place	e, and due	to the ca	use(a) and med	nner se stat	ted.	
COMPL	ana)	L EXAMINER: O	n the basis of ex	emination and/or	Investigati	ion, in my opinior	, death occ	ured at the	time, det	e and place, ar	nd due to th	ne cause(a)	and manner es stated.
ш	296. SIGNATURE AND TITLE OF	CERTIFIER	/ )	40	-			CENSE NUI			29d. DAT	E SIGNED	(Mønth, Day, Year)
0 8	Carrol L. O	Deno	w.	mil			mo	1. D	176	15	•	9/19	190
F	30. NAME AND ADDRESS OF PE												
	Carol L. Bend	er, M.	D., 115	10 Old	Geor	getown	Road,	Roc	kvil	le, MD	208	852	
	SEP 20 90	) İ	Sulia Da	rdson-Ra	ndelle.								
	72 5 00		U	- 6			_						

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msit permit. Pages 1, 2, 3 should

TO THE HOSPIAL OR ATTENDING PHYSIGANI: The law requires that the death certificate be executed within 25-mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mernial hygher port to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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•	1 - STATE REGISTRAR	SIAIE UF MAK	CERTIF					ental Hygien Reg. No	-	10	2/665
	1. DECEDENT'S NAME (First, Middle, Last)	Willia			Swan			2. DATE OF DEATH	7/0	YEAR O	3. TIME OF DEATH
	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	SEX 6. AC	E (In yrs. lest birthday) 45 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	DATE OF BIRTH	1945	a. BIRTHE Country Mar	LACE (State or Foreign yland
	9a. FACILITY NAME (If not institution, give street	and number)		9b, CITY	TOWN O	R LOCATIO	ON OF DEAT		9c. COU	INTY OF DE	*
E E	Suburban Hos	spital			Bet	hesd	a		Mor	ntgom	erv
DIRECTOR	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT							1101		
RE	10a. STATE 10b. COUNTY		10c. Cl	ry, town o							10d. INSIDE CITY LIMITS?
	Maryland Montgo	omery		Gaı		sbur			10- 00		1 YES XX NO
RA	19 School Drive,	An+ 104			101.		0878		10g. Cri		
FUNERAL		. WAS DECEDENT EVE	R IN U.S. ARMED	13.	WAS DECI			ORIGIN? (Specify Yar	or No-	U.S.	— American Indien, White, etc.
)à	Never Married 2 Married  3 Widowed 4 Divorced	FORCES? 1 Y	S 2 X NO		If yes, spe	city Cuba		Puerto Rican, etc.)		Black, Specify	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON poleted)	16a. DECEDENT'	Work done	CCUPATIO	N at of workin	a	16b. KIND OF BU	SINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12) C	college (1-4 or 5+)	life. Do NOT	use retired.)		N OF WORKIN					- 1
MP	10		Eng:	ineer						onics	
	17. FATHER'S NAME (First, Middle, Last)			111				E (First, Middle, Maiden			
BE	Danny  19s. INFORMANT'S NAME (Type/Print)	Е.		1bble			len	ute Number, City or Tow	L .	'In Cade	Umberger
2	Helen L. Umberger	~									, MD 20878
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO							- City or Toy	
		I from State	other place) Parklawi	n Mem	oria	l Pa	rk	Roc	ckvil	lle, 1	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. R	NAME AN	D ADDRE	9S OF FACI	ITV			
	Marcha C.	8-0	M0052	$2 \mid \stackrel{\sim}{R}$	ockv	ille	, Inc	hrey Fund 300 We lie, Mary	est M	iontg	omery
	23. PART I. Enter the diesesea, or com			not enter	the mo	de of dy	ng, such	aa cardlec or reap	iratory a	rreat,	Approximate
	ahock, or heart fellure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition — AS PINTIM — Nes PINTIM AREST — IMMEDIATE AMENDMENT — A										
	DUE TO (OR AS A CONSEQUENCE OF):										1 m
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ATIC	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING  By Commentation of the conditions of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the										Bykos
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):									7 0
E	resulting in deeth) LAST										
2	PART II. Other algorificant conditions of	ontributing to deal	h but not resulting	in the u	nderivine	cause (	olven in P	art I. 24a, WAS AF	AUTOPSY	/ 24b.	WERE AUTOPSY FINDINGS
CAL		•			, , , , , , , , , , , , , , , , , , , ,			PERFO		/	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED									2 450		OF DEATH?
2					-			_			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OF DUTAL .				ACE OF D	EATH (Chec	k only one)			
YSIG	1 □ YES 2 100	OSPITAL: Inpatient 2 - ER/	Outpatient 3 DOA	4 Nu		6 G R	eldence 6	☐ Other (Specify)			
	27. MANNER OF DĚATH  1 Natural 6 Pending Investigation	(Month, Day, Ye		ME OF JURY M		URY AT PRK? YES 2		28d. DEŞCRIBE HOW	INJURY O	CCURED	
D BY	3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — At home, farm Specify)	, street, fac	tory, offic			2ef. LOCATION (Street City or Town, State	and Numb	er or Rural R	loute Number,
COMPLETED	4 Homicide determined				_						
IPL	29a. CERTIFIER 1 CERTIFYING PHYSICIA	-									
S S	one) 2 MEDICAL EXAMINER: (	On the beals of exemin	ation end/or inveatiga	llon, in my	opinion, d	eath occu	rad at the ti	ima, deta and place, a	nd due to	the cause(e	end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		ver O.			290-LIC	-300	127	29d. D/	ATE SIGNED	Month, Day Years
DT	30. NAME AND ADDRESS OF PERSON WHO CO	A AVEW	DEATH (ITEM 27) (M	Print)	51	ring	3	MID	209	110	
	SEP 20 '90	32. REGISTRAR'S	Javidson Par	delle							

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BALTIMORE, MARYLAND 21203-3146

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90 27666 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND OF DEATH	MENT	AL HYGIENI REG. NO.	E 9	U	27666
,	1. DECEOENT'S NAME (First, Middle, Last) MIRIAM	STERNFEL	D			MON	te of DEATH	, 1990 ,	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)			7. DAT	E OF BIRTH oth, Day, Year)		BIRTHPLA Country)	CE (State or Foreign
ļ	082-05-9297A	1 □ M 2 🔀 F 7 ]	YRS.	MONTHS	DAYS HOURS MIN.		11/18		New	York
	9e. FACILITY NAME (If not institution, give a	street end number)		9b. CITY,	TOWN OR LOCATION OF C	DEATH		9c. COUNTY	OF DEAT	н
DIRECTOR	20633 Shadyside N	Way		Germ	antown			Montg	omer	у
ធ្ន	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OI	RLOCATION				100	I. INSIDE CITY
뜸	Maryland Mont	gomery	Ge	rmant	own				10	LIMITS?
	10e. STREET AND NUMBER	-			10f. ZIP CODE			N OF WHA	COUNTRY?	
FUNERAL	20633 Shadyside	Way			20874			U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED		MS OECENOENT OF HISP/ yes, specify Cuben, Mexic			or No- 14	RACE — Black, W	American Indien, hite, etc.
B\	1 Never Married 2XX Merried 3 Widowed 4 Olvorced	IF YES, GIVE WAR OR D			YES 2 NO Spec				Specify:	
	15. OECEDENT'S EDU	JCATION	16e. DECEDENT	S USUAL OC	CUPATION	10	8b. KINO OF BUS	I SINESS/INDUS		ite
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)		work done d	uring most of working					
COMPLETED	12	1	Homema	ker			Own I	Home		
္ဂ်ဴ	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	IAME (First	, Middle, Maiden	Surneme)		
BE	Louis Goldst	ein			Yetta					
ဥ	19e. INFORMANT'S NAME (Type/Print)	1 1			(Street end Number or Rura					,
	Saul Sternfeld (1				yside Way; no of cometery, crematory or			, MC.		
	149 Burial 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	other plece) edar Par							Jersey
	21, SIGNATURE OF FUNERAL SERVICE LI			22.1	IAME AND ADDRESS OF I					
	> lel 5.	Ku			NZANSKY-GOI 70 Rockvill					
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that cause. List only one cause on e		not antar	tha moda of dying, su	ich as ce	irdiac or reapi	ratory arres	it,	Approximata Interval Batween
ı	IMMEDIATE CAUSE (Final disease or condition	0 0.		0	80	1-	6			Onset and Death
	reaulting in death)	a. DUE TO (OR AS	A CONSEQUENCE	m	inerry.	gry	EST			3 min
_		Curcu	nome	y	The luc					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):									
<u>ජ</u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	C				- 2				
╠║	that initiated eventa resulting in death) LAST	OUE TO (OH AS	A CONSEQUENCE	OF):						
8		d								
AL	PART II. Other algnificant condition	ns contributing to death i	but not reaulting	In the un	deriying cause given i	n Part I.	24a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
ᆵ							1 - YES 2	NO		OMPLETION OF CAUSE DEATH?
Σ									1	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (	Check only	one)			
SIC	EXAMINER?	HOSPITAL:	patient 3 DOA	OTHER 4 Nurs						
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. Ti	IME OF	28c. INJURY AT WORK?	-	ESCRIBE HOW I	NJURY OCCU	RED	
₩	1 Netural 5 Pending 2 Accident Investigation	(		М	1 YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm ecify)	, street, fact	ory, office		OCATION (Street of ity or Town, State)		Rural Rout	te Number,
E	104 CERTIFIER									
COMPLETED	(Check only	SICIAN: To the best of my know								nd menner ee stated.
	296. SIGNATURE AND TITLE OF CERTIFY	1 / 11	/		29c. LICENSE N				- 5	onth, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON	HI COMPLETEO CAUSE OF DI	EATH (ITEM 27) (%	po, Printi a	V 17-50	239	8	<b>P</b> 9	2	3/90
	4701	Rando	gih 1	Rd.	Ro	chi	rlle	1	18/	20852
	SEP 24 390	Julia Davidson								

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may requires that the sensitive of the attention physician and completely filled in by the funeral director, pay 5 mund by deather the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE,

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

machet for use as the bunal-transit permit. Pages 1, 2, 3 should

hospital or attending physician. AND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF N	MARYL					EALTH DEA		MEN	TAL HYGIEN REG. NO	E	90	27667
1. OECEDENT'S NAME (First	, Middle, Last)				()						OATE OF DEATH	AY	YEAR	3. TIME OF DEATH
ALICE	Α.	SWEEN	EY									9, 1		1:15 P. M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (	in yrs. last		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH 8. BIRTHPLACE (State or Forei Country)				
214-48-8144		1 M 2 XF		77	YRS.	BONTHS		Hoons		JU	JLY 5, 1	913	PEN	NSYLVANIA
9a. FACILITY NAME (If not in	stitution, give s	treet and number)				9b. CITY	r, TOWN	OR LOCATI	ION OF D	EATH		9c. COI	UNTY OF E	DEATH
RESIDENCE OF DEC		NURSING	HOM	ΙΕ				TTSV	ILLE			PR	INCE	GEORGES
MARYLAND	PRINC	r CE GEORGI	E'S		1220	Y, TOWN		NOI						10d. INSIDE CITY LIMITS?  1 YES 2 NO
10e. STREET AND NUMBER							_	. ZIP COD	E		-	10g. Cl	TIZEN OF	WHAT COUNTRY?
2904 VICEROY	AVEN	UE						200	28				USA	
11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT	OF HISPA	NIC OF	RIGIN? (Specify Yes			E American Indian, k, White, etc.
1 Never Married 2		FORCES? 1			O			2 XNO			erto Rican, etc.)		Spec	tty:
3 K Widowed 4 Divo	orced							1/4		_			WHI'	ΓE
15. DEC (Specify on	EDENT'S EDU y highest grade	CATION completed)		(GA	CEDENT'S	work done	during mo	ON ast of world	ing		16b. KIND OF BU	SINESS/IN	IDUSTRY	
Elamentary/Secondary (	0-12)	College (1-4 or 5	+)	Mo.	Do NOT us									
		3			HOME	EMAKI	ER							
17. FATHER'S NAME (First, A								18. MOT	HER'S NA	AME (F	irst, Middle, Maiden	Surname)		
JULIUS FOR										_	ENIK			1.
19a, INFORMANT'S NAME (											Number, City or Tow	n, State, Z	(ip Code)	
RITA A. DAN		(DAUGI		_				D DR		0L	NEY, MA			20832
20g. METHOD OF DISPOSIT  1 Description   Method   Description   Descript	on 3 🗆 Rem	oval from State	20b	other pla	ice)			metery, cre METE					- City or T	RYLAND
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		11201	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22.	NAME A	ND ADDRE	SS OF F		Y			
	I	STU									NS FUNE			
101	N	19												MD. 20901
23. PART i. Enter the d ahock, or h		complications the List only one car				not ante	r the mo	de of dy	ring, suc	ch as	cardiac or resp	iratory a	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (FI	nai				V 40									Onset and Death
disease or condition resulting in death)	$\rightarrow$	a			217	J								22/HOURS
		DUE TO	(OR AS A	CONSEC	NUENCE O	F):								
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diata		(OR AS A	CONSEC	OUENCE O	F):								
CAUSE (Disease or injuthat initiated events		cDUE TO	(OR AS A	CONSEC	DUENCE O	F):								<del>-</del>
reaulting in death) LAS	т		115.01											
		d												
PART il. Other aignifica		and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th			_	in the u	nderiyin	g cause	given in	Part		AUTOPS)	24	WERE AUTOPSY FINDINGS
	SEN	ILE DE	MEN	1776							1 TYES			COMPLETION OF CAUSE OF DEATH?
													t	1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	MEDICAL	HOSBITA						CACE OF	DEATH (C	heck or	nly one)		*	
1 YES 2		HOSPITAL:	ER/Outp	patient 3	□ DOA	OTHE 4 PA		ne 5 🗆 R	lesidence	6 🗆	Other (Specify)			
27. MANNER OF DEATH		28a. DATE O	F INJURY Day, Year)		28b. TIS	NE OF	28c. IN	JURY AT		28d	. DESCRIBE HOW	INJURY O	CCURED	
1 Natural 5 2 Accident	Pending Investigation	,,,,,,,,,,				M		YES 2	□ NO					
2 - 2-1-14	Could not be	28e. PLACE (	OF INJURY	— At ho	me, farm,	street, fac	ctory, offi	20		281.	LOCATION (Street City or Town, State		er or Rural	Route Number,
4 Homicide	determined										ony or rown, orang			
29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my know	rledge, de	ath occur	red at the	time, dat	and plac	e, and du	e to th	e cause(a) and ma	nner aa si	tated.	
onel em	MCAL EXAMIN	ER: On the basis of	xaminatio	n and/or	investigati	on, In my	opinion,	death occ	ured at th	e time,	date and place, a	nd due to	the cause	(a) and manner as stated.
29b. SIGNATURE and Tyre	E OF CENTIFIE	1	)					29c. LK	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Mogth, Day, Year)
1//	ul	h	_					1	122	70	10	<b>•</b>	9/17	1/90
30. NAME AND ABORESS O	SUS/	2 MO	nse of DE	250	0 C	Print)	no	n	4 C	4	Or G	red	nhe	gemo
31. DATE FICED (Month, Day,	Year)	22. REGISTR	David		Ω	10	-							2010
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1	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	ENT OF H	EALTH AND MI	ENTAL HYGIEN	E 90	27668				
		phine Jav		eibe	/	2. DATE OF DEATH DO NOTH DO NO	0 - 90					
	4. SOCIAL SECURITY NUMBER 209-28-5674	1 □ M 2 💥 F	in yrs. last birthday) FU MON	THS DAYS		7. DATE OF BIRTH 3. (Month Day 3. (Mar))	s. I	ennsylvania				
IOR	9a. FACILITY NAME (If not institution, give #6 Pinecrest Co RESIDENCE OF DECEDENT			Greenb	R LOCATION OF DEAT	rn .	9c. COUNTY Princ	of DEATH Ce Georges				
DIRECTOR	10a. STATE 10b. COUN	nce Georges	Green	wn on Locat belt	ION			10d. INSIDE CITY LIMITS? 14 YES 2 NO				
FUNERAL	# 6 Pinecrest C	ourt		100	ZIP CODE 0770			of what country? ted States				
P	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DO	2 X NO		city, Cuban, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14	RACE — American Indian, Black, Whita, etc. Specify: White				
COMPLETED	15. DECEDENT'S ED (Specify only highest gree 12 Years	de completed)  College (1-4 or 5+)  4 Years	18a. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti Personne	done during mor red.)	at of working	U.S.	Govern	TRY				
BE CON	17. FATNER'S NAME (First, Middle, Lest)  NUNZIO Pilo	tta				e (First, Middle, Melden a Nixey	Surname)					
0	19a. INFORMANT'S NAME (Typo/Print) Kimberley S. Mo	Carl	196. MAILING ADD Same a		nd Number or Rural Ro	ute Number, City or Tow	rn, State, Zip Co	de)				
	20 METHOD OF DISPOSITION  * Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	PLACE OF DISPOSITIO	N (Name of cent 1 Memo	rial Park	Cem. La	cation - ch	or Town, State Maryland				
	21. SIGNATURE OF FUNERAL SERVICE I	Bagur	idt.			eral Home		le, Md. 20705				
CERTIFICATION	23. PART I. Enter the diseases, or complication that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (DR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CER	PART II. Other aignificent condition	art i. 24e, WAS AN PERFO 1 TYES :	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  AD								
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 D NO	HOSPITAL:		HER:	ACE OF OEATH (Chec							
THA	27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ WO		Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	REO				
LED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Nomicide determined	28a PLACE OF INJURY	/ — At home, farm, street			2af. LOCATION (Street City or Town, State		and Number or Rural Route Number,				
COMPLETED	(Original Original	SICIAN: To the best of my know NER: On the basis of examination										
NE NE	29b. SIGNATURE AND TITLE OF CERTIF	Francis	To our	>	29c. LICENSE NUME	572	29d. DATE S	SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF DE			ceny	green	helt	Hd 20220				
	31. DATE FILEO (Month, Day, Year)  SED 2 6 300	32. REGISTRAR'S SIGN	ATURE									

e de dun physician.	A show a serie burial-transit permit. Pages 1, 2, 3 show	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the horizon and a major inhysic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted the man find within 72 hours after death with the State Dent, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 7203-1146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

	SHAWN To	SHEFFI	5-90	1700 M							
	4. SOCIAL SECURITY NUMBER 5. SEX			7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHI	PLACE (State or Foreign					
	N/A 1/2 M 2 🗆 I	YRS. MC	NTHE DAYS HOURS MIN.	SEPT. 26 1985 WASHINGTON, D.							
	9a. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN OR LOCATION OF DEAT		9c. COUNTY OF DE						
DIRECTOR	9207 SLIGO CREEK PARKWAY SILVER SPRING MONTGOMER										
E I	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
	MARYLAND MONTGOMERY	SILVI	ER SPRING			1 TES 2 NO					
₹.	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?					
FUNERAL	9207 SLIGO CREEK PARKWAY		20901		IISA						
5	1 V Never Married 2 Married FORCES?	PENT EVER IN U.S. ARMED  1 YES 2 NO	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican,			— American Indian, , White, atc.					
B	3 Widowed 4 Divorced	E WAR OR DATES	1 TYES 2 NO Specify:		Specif BLA(						
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US		16b. KIND OF BUS							
9	(Specify only highest grade completed)  [Give kind of work done during most of working life. Do NOT use retired.)  [Give kind of work done during most of working life. Do NOT use retired.)										
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  N/A  17. FATHER'S NAME (First, Middle, Last)  16a. DECEDENT'S SUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  N/A  16. MOTHER'S NAME (First, Middle, Maiden Surname)											
77. FATHER'S NAME (First, Middle, Lest)  16. MOTHER'S NAME (First, Middle, Maiden Surname)											
H	GEORGE HODGES  19e. INFORMANT'S NAME (Type/Print)	TOP MAIL INO AC	JACQUEL  DRESS (Street and Number or Rural Ro	INE LYNCH							
2	JACQUELINE LYNCH (MOTH					VD 20001					
-	20s. METHOD OF DISPOSITION		JIGO CREEK PARKW		SPRING.  CATION — City or Tor						
	1 N Surial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	CEMETERY									
	21. SIGNATURE OF THE SERVICE LICENSEE										
	FRANCIS J. COLLINS FUNERAL HOME, 500 UNIVERSITY BLVD. W. SILLSPR.										
	23. PART I. Enter the diseases, or complications	that caused the death. Do not	enter the mode of dying, such	as cardled or respin	ratory arrest,	Approximate					
	phock, or heart failure. List only one	cause on each line.				interval Between Onset and Death					
	disease or condition resulting in death)	wired imm	une deficien	, PO, CH	holimia	4 years					
	COUE	TO (OR AS A CONSEQUENCE OF):	7,50	9	- Tringe						
Z	Sequentially list conditions, b.										
PA	If eny, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):									
임	CAUSE (Disease or injury C.	TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST										
2	PART II. Other algorificant conditions contributing	to deeth but not resulting in	the underlying cause given in P	art i. 24s. WAS AN	ALITOPSV 24h	WERE AUTOPSY FINDINGS					
EDICAL	TATE III OTHER DESIGNATION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF T	to dood! but not resulting in	are unustrying escape given in t	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE					
Ē		·		1 [] YES 2	100	OF DEATH?					
Σ				- J		1 YES 2 NO					
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Chec	ck only one)							
SIC	EXAMINER?  1 ☐ YES 2 ☐ NO 1 ☐ Inputient		THER:  Nursing Home 5 Residence 6	Other (Specify)							
Ή	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 MO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Morth, Day, Year)  28. DATE OF INJURY WORK?  28. DATE OF INJURY WORK?										
≥	(Mont		M 1 YES 2 NO								
ED BY	1 Netural 5 Pending (Mont) 2 Accident Investigation 3 Suicide 6 Could not be	E OF INJURY — At home, farm, string, etc. (Specify)		28f. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,					
	1 Netural 5 Pending (Mont) 2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLAC build	E OF INJURY — At home, farm, string, stc. (Specify)		28f. LOCATION (Street a City or Town, State)	and Number or Rural F	Route Number,					
	1 Netural 5 Pending (Mont) 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only	ing, etc. (Specify)	set, factory, office	City or Town, State)  o the cause(a) and mar	nner as stated.						
COMPLETED BY	1 Netural 5 Pending (Mont) 2 Accident Suicide 6 Could not be determined 28e. PLAC build 4 Homicide 6 CERTIFYINO PHYSICIAN: To the beginner one) 2 MEDICAL EXAMINER: On the besie	ing, etc. (Specify)	set, factory, office at the time, data and place, and due to in my opinion, death occurred at the ti	City or Town, State)  o the cause(a) and mar lime, data and placa, an	ner as stated, d dus to the cause(s	end manner sa stated.					
	1 Netural 5 Pending (Mont) 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only	ing, etc. (Specify)	set, factory, office	City or Town, State)  o the cause(a) and mar lime, data and placa, an	nner as stated.	end manner sa stated.					
E COMPLETED	1 Netural 5 Pending Investigation 2 Accident 5 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besien 29b. SIGNATURE AND TITLE OF CERTIFIER COULD FROM A COURT OF CERTIFIER COULD FROM A COURT OF CERTIFIER COULD FROM A COURT OF CERTIFIER COULD FROM A COURT OF CERTIFIER COULD FROM A COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER COURT OF CERTIFIER C	ing, etc. (Specify)  It of my knowledge, death occurred of examination and/or investigation,  While A C	at the time, data and place, and due to in my opinion, death occured at the time.	City or Town, State)  o the cause(a) and mar lime, data and placa, an	ner as stated, d dus to the cause(s	end manner sa stated.					
BE COMPLETED	1 Netural 5 Pending (Mont) 2 Accident Suicide 6 Could not be determined 28e. PLAC build 4 Homicide 6 CERTIFYINO PHYSICIAN: To the beginner one) 2 MEDICAL EXAMINER: On the besie	ing, etc. (Specify)  It of my knowledge, death occurred of examination and/or investigation,  While A C	at the time, data and place, and due to in my opinion, death occured at the time.	City or Town, State)  o the cause(a) and mar lime, data and placa, an	ner as stated, d dus to the cause(s	end manner sa stated.					
BE COMPLETED	1 Netural 5 Pending Investigation 2 Accident 5 Could not be determined 28e. PLAC build 4 Homicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the bester 29b. SIGNATURE AND TITLE OF CERTIFIER TOWN AND ADDRESS OF PERSON WHO COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE COMPLETED OF THE CO	ing, etc. (Specify)  It of my knowledge, death occurred of examination and/or investigation,  While A C	at the time, data and place, and due to in my opinion, death occured at the time.	City or Town, State)  o the cause(a) and mar lime, data and placa, an	ner as stated, d dus to the cause(s	end manner sa stated.					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the feath confince to an incident of the hosp of many be retained by the hosp TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attended to the confined within 72 hours after death with the State Dept. of Health and Mayrial Hyperic Configuration, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any inject, or other transmitter event, the medical examiner must be notified at once.

	REGISTRAR			EHIIL	ICALE	UF	DEAL		RE	G. NO.		
	1. DEOFIDENT'S NAME [First, Middle,	-	_	a. i					2. DATE OF DE	DAY	YEA	
	4 SOCIAL SECURITY NUMBER	Anna NM	8. AGE (In yrs. I	Smits					Septem	_		10 2:30 A M
		1 M 2 X F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month Day	Year)	C	ountry) .
	213, 54 9459  9e. FACILITY NAME (If not institution,		103	1110.	at OTTY	TOWN	R LOCATI	011 05 05	April		E COUNTY O	tvia
œ								ON OF DE	AIR			
ᅙ	Suburban Hospit				В	etne	esda				Montg	omery
ည္အ	10a. STATE 10b. CC			10c. CIT	Y, TOWN OF	R LOCAT	ION					10d. INSIDE CITY
DIRECTOR	Maryland M	ontgomery			Chevy	Cha	ase					LIMITS?
	10e. STREET AND NUMBER					101	. ZIP COD	E		.1	0g. CITIZEN (	OF WHAT COUNTRY?
E I	4803 Falston A	venue					2081	L5			Laty	via .
FUNERAL	11. MARITAL STATUS								IIC ORIGIN? (Spi		No- 14. F	RACE — American Indian, Black, White, etc.
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 X	NO			ecify Cube 2 ⋈ NO		n, Puerto Rican, /:	etc.)		Black, White, atc. Specify:
B	3 🔀 Widowed 4 🗌 Divorced											White
COMPLETED	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	16a. I	DECEDENT'S	USUAL OC	CUPATIO	ON at of workli	na	16b. KIND	OF BUSIN	ESS/INDUSTR	TY.
	Elementary/Secondery (0-12)	College (1-4 or 5 +	-)	lfe. Do NOT u	se retired.)					0-	m Haw	
N P	12	_	r	Homema	iker					OV	wn Hom	ie
5	17. FATHER'S NAME (First, Middle, Last Not Available	Too	obson					ME (First, Middle,	Melden Sur		Available	
B								isa		·		
2	190. INFORMANT'S NAME (Type/Print) Walter I. Smit								Route Number, Ch			
		<u> </u>			er Falls Court, Po							
	20a. METHOD OF DISPOSITION 1 (XBurial 2 Cremation 3 C	Removal from State	other	b. PLACE OF DISPOSITION (Name of ceme other place)						CATION — City or Town, State		
	4 Donation 5 Other (Specify)	Park	lawn								, Maryland	
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSE			22. N	MAME AI	ND ADDRE	SS OF FA	ошту кор -Chevy	Chase	A. Pun	phrey Funeral
	> XHmy 13.	Tutun	MOO	689	Wi	SCO	nsin	Avei	nue, Be	these	da, Md	20814-3501
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Cardio Respiratory Arrest  DUE TO (OR AS A CONSEQUENCE OF):  Fracture of Right Hip  DUE TO (OR AS A CONSEQUENCE OF):  Basal Cell Carcinoma in Left Eye  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent con	ditions contribution to	don't but no	ė mandelan	la sha an	ell- d-		ahian la	Book Late		money I	
EDICAL	PART II. Other significent con	oitions contributing to	death but no	t resulting	in the un	aeriyin	g ceuse	given in	PBIT 1. 246.	WAS AN AL		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
ă		<del></del>							10	YES 2 🛛	K NO	OF DEATH?
									_			1 YES 2 NO
Z		1										
2	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		LACE OF E	DEATH (CA	neck only one)			
PHYSICIAN: M	1 X YES 2 NO	1 Unpatient 2					ne 5 R	esidence	28d, DESCRIB		LIEV OCCUPE	20
	1 Natural 5 Pending	28a, DATE OF (Month, D		28b. TIR	JURY	WC	JURY AT ORK? YES 2		280. DEŞCHIB	E HUW INJ	OHT OCCORE	:0
BY	2 Accident Investig	home, farm,	***			NO	AND LOCATION	1 (Characterist	d Muselina and E	Land Bourte Marchan		
<b>a</b>	3 Suicide 8 Could n 4 Homicide datarmi	nome, term,	atreet, recti	ory, orne	; W		City or Tox	vn, State)	J Namber of A	lural Route Number,		
COMPLET	29a. CERTIFIER 4 N CERTIFYING						<u> </u>					
N N	(Check only	PHYSICIAN: To the best of										
Ö	2 MEDICAL EX	AMINER: On the basis of a	xamination and/	pinion, d	death occu	ired at the	time, data end	place, and	due to the ca	use(s) and menner as stated.		
8E (	29b. SIGNATURE AND TITLE OF CEI	TIFIER O	M	1				ENSE NU	MBER	1		GNED (Month, Quy, Year)
0	NIXIN	1-344	1 (	V/			D20	0415			sept	ember 25,1990
_	30. NAME AND ADDRESS OF PERSON Kamalinee V. D	Control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro				e, l	Rocky	/ille	e, Mary	land	20852	
	31. DATE FILED (Month, Dep. ) 645)	32. REGISTA	AR'S SIGNATURE	E								
	1 2FL C P	<b>9</b> 0   9u	lia Davids	m- Pan	d.00							

* , *

STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

506-80-8899

SEP 19

1 -

permit. Pages 1, 2, 3 should DIRECTOR University Hospital (STU) 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Howard Elkridge 10s. STREET AND NUMBER 10f. ZIP CODE FUNERAL 6638 Duckett Lane 21227 the burial-transit attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.SYARMED FORCES? 1 ☐ YES 2 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Quban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4XXDivorced ise as COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 Salesman. **Electronics** 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Henry J. Susi Margaret E. Behr BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Margaret Susi 14708 Normandy Ct. #101 5 9080 25 2 20 NETHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or urs after death. Page 6 may must Meadowridge Memorial Park 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 21. SEGNATURE OF FUNERAL SERVICE LICENSEE examiner 7601 Sandy Spring Rd. Laurel. MD filled in by the figor, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. ö **IMMEDIATE CAUSE (Finel** completely fillex irial, cremation, the disease or condition Multiple injuries resulting in death) executed within traumatic event. DUE TO (OR AS A CONSEQUENCE OF): and com CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): prior to l the attending physician Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 amy injury, 24a. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL n signed by the Health and It 1 TYES 2 NO been of of WE has be Dept. PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) E P item certificate h HOSPITAL: OTHER: 1 NYES 2 □ NO 1 | Inpetient 2 SER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, this with 1 Natural 5 Pending 9/15/90 12:52P™ 1 TES 2 NO Driver in auto/tractortrailer BY DR ATTENDING P DIRECTOR: After 1 hours after death After 1 2XXAccident Investigation 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined 60 ETED 4 Homicide 28 road & Ducketts Land HowardCo MD item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated COMPL TO THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 IN IMPORTANT: If I HOSPITAL 25 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE **OCME** 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mario F. Golle, Jr, M.D. - Assistant 111 Penn St. SEP 19 '90 32. REGISTRAR'S SIGNATURE Julia Davidson - Randall

Kevin

6. AGE (In yrs. last birthday)

YRS.

35

6. SEX

1 💢 🔏 2 🗆 F

CERTIFICATE OF DEATH

Susi

DAYS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

Baltimore

9b. CITY, TOWN OR LOCATION OF DEATH

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

11-10-54

9

90 27671 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF DEATH YEAR 15 90 4:17 P 8. BIRTHPLACE (State or Foreign Colorado 9c. COUNTY OF DEATH Baltimore 10d. INSIDE CITY LIMITS? V V 1 YES 2 TO NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify INTTE Laurel, Maryland 20708 20c. LOCATION — City or Town, State Baltimore, Maryland 20707 Approximata Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

203-3146 BALTIMORE, MARYI

BOX 13146, P.0.

29d. DATE SIGNED (Month. Day, Year)

9/16/90

Balto.MD

1 X YES 2 NO

impact

SS

SEP 20 90

		1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIENI REG. NO.	: 50	21012			
		1. DECEDENT'S NAME (First, Middle, Last)	EXIE S	MITH			2. DATE OF DEATH		3. TIME OF DEATH			
_		4. SOCIAL SECURITY NUMBER 189–16–7432		g yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ORTH CAROLINA			
2, 3 should	OR	90. FACILITY NAME (If not institution, give street end number)  90. CITY, TOWN OR LOCATION OF DEATH  90. COUNTY OF DEATH  91. CITY, TOWN OR LOCATION OF DEATH  91. CITY, TOWN OR LOCATION OF DEATH  92. COUNTY OF DEATH  94. CITY, TOWN OR LOCATION OF DEATH  95. COUNTY OF DEATH  96. COUNTY OF DEATH										
it. Pages 1. 2,	DIRECTOR	10e. STATE 10b. COUNT  MD Prince			Y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
1		100. STREET AND NUMBER 4706 NEW Y	1 August	Jie .		of, ZIP CODE	720		OF WHAT COUNTRY?			
(1)	BY FUNERAL	11 MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Maxica S 2 NO Specify						
rital or attending	ETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u			166, KIND OF BUS					
by the hospital be detached for at once.	E COMPL	17. FATHER'S NAME (First, Middle, Lest) GEORGE MCD	OOGLE	SEA	MTRESS	18. MOTHER'S NA	MARY SMI	ÎH TH				
retained to should notified	TO BE	19a, INFORMANT'S NAME (Type/Print) QUINCY MCCALL		4706	ADDRESS (Street NEW YORK	and Number or Rural AVE., M	ÎTCHELLVIL	LE MD°	20720			
e 6 may rector, pa		20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)		other place)	NY MEMOI	ometery, cremetory or RIAL PARK	LAN	DOVER I				
r death. Pre funeral		21. SIGNATURE OF FUNERAL SEPHICE LI	Daylor)	0	4339	HUNT PL	ERAL HOME, NE WASH DO	20019				
within 24 mours aft pletely filled in by cremation, or removent, the medical		23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Visitinity one couse on ea	ach line.					Approximate interval Between Onset and Death			
certificate be execunding physician and Hygiene prior to burner other traumatic	CERTIFICATION	disease or condition resulting in death)  a. Myocardia Infarction  Die to (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
requires that the deat requires that the deat sen signed by the atte of Health and Mental shows any Injury,	MEDICAL	PART II. Other significent condition	ns contributing to desth be	ut not resulting	in the underlyle	ng cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
The law te has b ate Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Cr						
NG PHYSICIAN: The this certificate sath with the State marked, or liten		27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF 28c. IN	NJURY AT VORK?  YES 2 NO	28d. DE\$CRIBE HOW II	NJURY OCCURE	ED			
CTOR: A after d after d s	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJURY				281, LOCATION (Street a City or Town, State)		urel Route Number,			
= 25 F F	COMPLE	and the same	SICIAN: To the best of my knowl ER: On the basis of examination						use(a) and manner as stated.			
TO THE HOSPITAL TO THE FUNERAL De fied within 72 IMPORTANT: If	BE	296, SIGNATURE AND TITLE OF CERTIFIE	uhl De	XGMI	ren	29c LICENSE NU	MBER	29d. DATE SIG	I G -G U			
	0		ORE MA	42036	veens b	vry Rd	Hyattsu	ile 1	1800C du			
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE								

2887 I 18

1 18 10 1-01

TEXIE SMITH

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7/25/09

Fred New YORK AVENUE MITCHELVILLE PLACE STEETE

1914 Prince Lawrence 1915 Talkgran Na

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permit. Pages 1, 2, 3 should

RAL DIRECTOR

TO BE COMPLETED BY FUN

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	Middle, Last)	Ros	se	Str	Ke	r	2. DATE OF DE	ATH SAY	95	3. TIME OF DEATH	
4. SOCIAL SECURITY NUME	BER	5. SEX 8. /	AGE (In yrs. las		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF (Month, Day,	RTH	8. BIRTHP	LACE (State Coreign	
217-32-1258 9a. FACILITY NAME (If not in			86	YRS. MONT		OR LOCATION OF DI	08/24/	1904		e Island	
5900 Beeche:				Т1	ixedo			Pri	nce G	eorge's	
RESIDENCE OF DEC	10b. COUNTY			10c. CITY, TOY				1111			
Maryland		George's		Tuxed		ATION			10d. INSIDE CITY LIMITS?  1 XYES 2 NO		
5900 Beeche	r Stree	t			1	20785		10g. Cr U. S		HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	Merried	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2XX		If yes, a	CENDENT OF HISPAI pecify Cuben, Maxica S 2 X NO Specif	in, Puarto Rican,		14. RACE Black, Specify Whit	— American Indian, White, etc.	
15. DEC (Specify onl Elementary/Secondary (0	EDENT'S EDUCA y highest grade co	College (1-4 or 5+)	(G	CEDENT'S USUA live kind of work d Do NOT use retin	one during n		16b. KIND	OF BUSINESS/IN	NDUSTRY	Schools	
12th Grade			- Caf	eteria	Work	er	Prin	ce Geor	ge's	County	
17. FATHER'S NAME (First, M	liddie, Last)					16. MOTHER'S NA	ME (First, Middle,	Maiden Sumame)			
George		H. C1	horley			Ada		Kille			
Jean A. Irw.						end Number or Rural				0705	
20s. METHOD OF DISPOSET	104					Street,		Mary La		0785	
1 CX Surfal 2 □ Cremetto 4 □ Donetion 8 □ Other	on 3 Phamos	red from Blate	cathyff pal	lincoln						aryland	
21. SIGNATURE OF TURERS	SERVICE LICE	1	17		22. NAME	AND ADDRESS OF FA	CILITY				
1/a	it /	J/2	otis	2	rranc	cis Gasch	s Sons	Funera	I Hom	e, P.A. Md. 20781	
Sequentially list condition resulting in deeth)  Sequentially list condit if any, leeding to immercause. Enter UNDERLY, CAUSE (Disease or injuthet initieted events resulting in deeth) LAS	diate ING Iry c.	DUE TO (OR	AS A CONSEG	QUENCE OF):		adio	po cu	w a	ina,		
PART II. Other significe	ent conditione	contributing to dee	oth but not i	resulting in the	underlyi	ng cause given in		WAS AN AUTOPSY PERFORMED? YES 2		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
25. WAS CASE REFERRED T	O MEDICAL T				26	PLACE OF DEATH (C)	neck ank arm				
EXAMINER?		HOSPITAL:	/Outpatient 3		HER:	me 5 Anaidence		c/h/)			
27. MANNER OF DEATH	Pending	28a. DATE OF INJ (Month, Day, Y	URY	28b. TIME OF	28c. IP	JURY AT YORK?	_	E HOW INJURY O	CCURED		
2 Pactionit	Investigation Could not be determined	28e. PLACE OF IN building, atc.	JURY — At he (Specify)	ome, farm, street,			281. LOCATION City or Tow	(Street and Numb rn, State)	per or Rural Ro	oute Number,	
2001		IAN: To the best of my								and manner as stated.	
HUL HETD	1 the	neques.	m	,		A JIJ	MBER 30	29d. DA	TIS	(Month, Day, Year)	
30. NAME AND ADDRESS O	P.10	DO VI GLLA	DIM.	M 27) (Type, Print)	09,	Bartrun	n Ct-C	In Spro	·Mo	20148	
SEP 2 1 90	Year)	32. REGISTRAR'S	5								
		- 1- to to 1-0001 -	71 11 000								

21,911, 06

6. BIRTHPLACE (State or Foreign

Vulcan,

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

White

20781

Approximata

uddle

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNEO (Month, Day, Year)

DHMH-16 Rev 1/89

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Interval Between **Onset and Death** 

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give

Ray

4. SOCIAL SECURITY NUMBER

577-07-2857

Dudley

Smith, Sr.

1 X M 2 - F

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday)

YEAR

990

9c. COUNTY OF DEATH

U.S.A.

Montgomery

10g. CITIZEN OF WHAT COUNTRY?

Specify:

REG. NO. 2. DATE OF DEATH

SEPT

7. DATE OF BIRTH (Month, Day, Year

02/13/10

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

LETTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

Russe

2 MEDICAL EXAMINER: On the basis of axaminstion and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

BY

COMPLETED Item 28

BE 9

69

MPORTANT: If

TO THE F TO THE

2 Accident
3 Suicide

4 Homicide

(Check only one)

SEP

29b. BIGNATURE AND TITLE OF CERTIFIER

'90

OhN 31. DATE FILED (Month, Day, Year)

21

6 Could not be

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Melvich

32, REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should

drete El

BALTIMORE, MARYLAND	after death. Page 6 may be retained by the hos	y the funeral director, page 5 should be detache noval.	cal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Zerriours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

SEP 1 8 90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring)

Savidson-Randale

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)								MONT		DAY	YEAR	3. TIME OF DE	
		ansbury					1000			. 12,	1990		12:20	
		6. SEX	6. AGE (In yrs. lest	YRS.	IF UNDER	DAYS	LIGHTON ANNI		7. DATE OF BIRTH (Month, Day, Year)		Country)		PLACE (State or y)	
	370 40 0204		86	9b. CITY, TOWN OR LOCATION OF DEA						29,			ington,	D.C
~	9e. FACILITY NAME (If not institution, give stre	et end number)			1 1		OR LOCAT	ION OF D	EATH		9c. COUR	ITY OF D	EATH	
ğ	Doctors Hospital				Lan	ham					Princ	ce G	eorges	
E C	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION						10d. INSIDE CI	TY
FUNERAL DIRECTOR	Maryland Anne A	rundel		Edα	ewat	er				1 YE				Λ
AL	10e. STREET AND NUMBER					10	f. ZIP COL	DE			VHAT COUNTRY	t		
빌	1151 Carrs Wharf						2103						S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Merried 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WI	YES 2 N			If yes, sp	CENDENT Hecity Cub 2 2 NO	an, Mexic	an, Puerto	Y? (Specify ' Rican, etc.)	fee or No—	14, RACE Black Speci	- American in c, White, atc. dy: White	dlan,
E	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION propieted)	16a. DE	CEDENT'S	USUAL C	CCUPATI	ON met of work	dna	168	. KIND OF I	USINESS/IND	USTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 8+)	life.	Do NOT u	work done se retired.)	ourng m	Jet of Work		- 1					
MPL	5		Hou	sewi	fe					Own H	ome			
Ö	17. FATHER'S NAME (First, Middle, Last)						16. MO	THER'S N	AME (First,	Middle, Maid	en Sumeme)			
BE (	George F. Klotz						Le	na	C.	Rousi	11en			
	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
2	Dorothy L. Riston 1151 Carrs Wharf Rd., Edg									gewat	er. MI	2	1037	
	20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State													
	4 Donation 5 Other (Specify)		4 1	,	gton	Nat	iona	1 Ce	mete	ry Su	itland	1. MI	)	
	21. SIGNATURE OF FUNERAL SERVICE LICE	MSEE)	1		22.	NAME A	ND ADDR	ESS OF F	ACILITY		4308	S 511-	itland	Dal
	Robert E. Wilhelm, Inc. Suitland,											1 MD	20746	
	23. PART I. Eyter the diseases, or co	implications that	caused the de	ath. Do	not ente	r the m	oda of d	ving, au-	ch as car	diac or rai	piratory arr	reat.	Approxi	
	interval IMMEDIATE CAUSE (Final Onset a												Between	
	disease or condition											no beau		
	DUE TO (OR AS A CONSEQUENCE OF):													
-	CUMMMY BY DEMOSCUMUSIS													
CERTIFICATION	Sequentially list conditions, If any, leading to immediata  DUE TO (OR AS A CONSEQUENCE OF):													
SAT	CAUSE (Disease of Injury													
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
F	resulting in death) LAST													
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDS													
EDICAL	CBM STAM		mon	01	in the u	naeriyii	ig cause	given ii	n Part I.		ORMED?	246	MAILABLE PRK	OF TO
ă	Concon	INC P.	111011	17						1 TYES	2 NO		COMPLETION O OF DEATH?	FCAUSE
2													1 TYES 2 E	NO
ž														
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL, EXAMINER?	HOSPITAL:		-	OTHE		LACE OF	DEATH (C	check only o	ne)				
YSI		1   Inpatient 2			4 🗆 Nu	raing Ho		Residence	_	er (Specify)				
PH	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF (Month, De		28b. TII	ME OF	W	JURY AT ORK?		28d. DE	SCRIBE HO	W INJURY OC	CURED		
BY	2 Accident Investigation				М		YES 2	□ NO						
	3 Suicide 8 Could not be	28e. PLACE Of building,	F INJURY — At he etc. (Specify)	me, farm,	street, fe	ctory, offi	Ce			CATION (Street or Town, St	et and Number ate)	r or Rural	Route Number,	
E														
P	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.													
COMPLETED	one) 2 MEDICAL EXAMINER	: On the basis of ex	amination end/or	Investigati	lon, In my	opinion,	death occ	ured at th	ne time, dat	a end place	, and due to ti	he cause(	e) end menner e	e stated.
EC	29b. SIGNATURE AND TITLE OF CERTIFIER		Dinne	7			29c. LI	CENSE N	UMBER		29d, DAT	E SIGNE	Month, Day, Ye	er)
1 00	11 11 - 1100		III A AMA	/				1 / 1		-	8 6			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

90

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cetificate be executed within 24-mours after death. Page 6 may be retained by the hospital of an THE HOSPITAL OR ATTENDING PAGE AND ATTENDING PAGE ATTENDING PAGE AND ATTENDING PAGE ATTENDING PAGE AND ATTENDING PAGE ATTENDING PAGE AND ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE ATTENDING PAGE
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BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. N	<b>3</b> .						
	1. OECEDENT'S NAME (First, Middle, Last)  MARY  STACKER			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH					
		yrs. lest birthday)	F UNDER 1 YEAR	7. OATE OF BIRTH	3 90	RTHPLACE (State or Foreign					
	216-18-8480 1 M 2 AF	7 / YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year)	/19 Ma	ryland					
OR	9a. FACILITY NAME (If not inelitation, give street and number)  1164 BOOKER DRIVE	9	SEAT PLE	ASANT		PRINCE GEORGES					
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	10c, CITY.	TOWN OR LOCATION			10d. INSIDE CITY					
DIRECTOR	MA PRINCE GEORGE		AT PLEASANT	,		LIMITS?					
FUNERAL	1164 BOOKER DRIVE		10f. ZIP CODE 2.0743		10g. CITIZEN OF WHAT COU						
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 XWIdowed 4 Divorced  12. WAS OECEOENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS OFCENDENT OF HIS If yes, specify Cuban, Mai 1 YES 2 NO Spe	ican. Puerto Rican. etc.)	les or No- 14. R	ACE — American Indian, llack, White, etc.					
	15. DECEDENT'S EDUCATION 1	I6a. DECEDENT'S U		16b. KIND OF B	USINESS/INDUSTR						
COMPLETED	(Specify only highest grade completed)  Elamentary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of wo	rk done during most of working retired.)								
린											
ő	17. FATHER'S NAME (First, Middle, Leet)		18. MOTHER'S	NAME (First, Middle, Meide	in Sumame)						
BE (	Joseph Hayman	ry Ellen	Wilson								
2	19a. INFORMANT'S NAME (Type/Print)		DDRESS (Street and Number or Ru								
-	Harrison Hayman		Booker Dri								
	14 Burial 2 ☐ Cremation 3 ☐ Removal from State	other place)	TION (Name of cametery, cremetory		Hehron	r Yown, State Maryland					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	a rug III	22. NAME AND ADDRESS OF	FACILITY		Maryrand					
	Vohm . Stewart	TIT	Stewart F			Wash. D.C.					
	23. PART V Enter the diseases, or complications that caused					Approximate					
	shock, or heart fellure. List only one cause on eed		1			Onset and Death					
	resulting if death) a. TIYUCAR DIAL INPARCION FIITURE										
Z	Sequentielly list conditions, To. ALTERIOSCIENTIE CANDIOVASCULAR DEGLE YEARS										
CERTIFICATION	or constraints of the constraints of the constraints of the cause. Enter UNDERLYING										
FI	trist initiated events	CONSEQUENCE OF)	:								
EH	resulting in death) LAST										
C	PART II. Other aignificant conditions contributing to deeth bu	t not resulting in	the underlying ceuse given	In Part I, 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS					
DICAL	Hypertendion				2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE					
	1)7100			I U YES	2 13 110	OF DEATH?  1 YES 2 NO					
2											
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH	(Check only one)							
SIC	EXAMINER?  1 VES 2 NO  1 Inpatient 2 ER/Outpet		OTHER:	ce 6 C Other (Specify)							
Ť	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOT	W INJURY OCCURE	D					
ВУ	1 Netural 5 Pending 2 Accident Investigation		M 1 YES 2 NO								
	3 Suicide 6 Could not be building, etc. (Specific	— At home, farm, str (y)	reet, factory, office	281. LOCATION (Stre City or Town, Str		ural Route Number,					
ETE											
COMPLETED	20e. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowle one)  2 Medical Examiner: On the basis of examination					use(s) and menner as stated.					
	296. SIGNATURE AND TITLE OF CERTIFIER	y h	( 29c. LICENSE			ONED (Month, Day, Year)					
TO BE	Paulahlworthy C	XG -47 18	ier Do	1852	<b>&gt;</b> 9	13/90					
F	30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (TIPP). 1	rens bury Rd	Hyatkin	11/0 M.	020281					
31. DATE FILED (MONTH, Day, Year)  SEP 1 7 90  32. RECISITIAR'S SIGNATURE  Fully Davidson-Pandalls											

PA

EDENT'S NAME (First, Middle, Last)	HENK	ey stu	TZMA	A /	2. DATE MONTH	OF DEATH
AL SECTION NUMBER	E SEV	R ACE (In any least blocked)	OF LEADING A MEAN	OF LEADER ALLIES	7.0475	AC DIRTH

YEAR 90 DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)

9

170-05-7797	1 34 2 🗆
. FACILITY NAME (If not institution, give s	treet and number)

DAYS 74 YRS. Jan. CITY, TOWN OR LOCATION OF GEATH

Minersville 191

WION RESIDENCE OF DECEDENT KTON

9c. COUNTY OF CEATH CECIL

10b. COUNTY 10a. STATE

10c. CITY, TOWN OR LOCATION

10d. INSIDE CITY

3. TIME OF DEATH

Maryland
100. STREET AND NUMBER Cecil North East 101. ZIP CODE

1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY?

160 North East Road 11. MARITAL STATUS

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES

21901 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify:

14. RACE - American Indian, Black, White, etc. Specify:

1 Never Married 2 Married 3 Widowed 4 Divorced

WW II & Korea 15. OECEOENT'S EDUCATION

16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done life. Do NOT use retired.)

White 18h. KINO OF BUSINESS/INDUSTRY

(Specify only highe ndary (0-12) 12

College (1-4 or 5+) N/A

Vice Pres. of Construction

Building

17 FATHER'S NAME (First Mickelle | aut)

18. MOTHER'S NAME (First, Middle, Maiden Sumame)

Henry Albert Stutzman 19a, INFORMANT'S NAME (Type/Print)

Mina Elmira Hepler 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Ida M. Stutzman

160 North East Rd. North East, MD 21901

20a. METHOD OF DISPOSITION
10 Burial 2 Cremation 3 4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cemetery, crematory or Laureldale Cemetery

20c. LOCATION — City or Town, State Reading, PA

22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 S. Main St. Nor Main St.

North East MD 21901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

shock, or heart failure. List only one cause IMMEDIATE CAUSE /Final disease or condition resulting in death)

wateron MYSCALAUL L
DOE TO (OR AS A CONSEQUENCE OF):

Approximate interval Betwe Onset and Death

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 1 YES 2 NO

26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 6 - Other (Specify) 28d, OESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 1 Natural
2 Accident

3 Suicide

28a. DATE OF INJURY (Month, Day, Year) Pending
 Investigation

28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

Conn

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

4 Homicide

1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINER: On the basis of axa tion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER neia nes

769

29d. DATE SIGNED (Month, Day, Ybar)

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CALL SE OF DEATH (ITEM 27) (Type, Print) HOSP ITAL LINION EUC

31. DATE FILED (Month, Day, Year) '90 SEP 25

32. REGISTRAR'S SIGNATURE

Julia Savidson-Randall

DHMH-18 Rev 1/89

retained by the hospital or attending phy detached for 2 76 page 5 should notified 2 e ours after death. Page 6 may must in by the funeral director, i removal. examiner medical filled in by 6 the attending physician and completely fille Mental Hygiene prior to burial, cremation, executed within event.

**MARYLAND 21203-3146** 

BALTIMORE,

BOX 13146,

P.O.

DIVISION OF VITAL RECORDS,

certificate be

death o

the

HOSPITAL OR ATTENDING PHYSICIAN: The law

Health and that

has been s Dept. of H

this certificate has with the State Carte

DIRECTOR: After the hours after death water 28 is mark

TO THE FUNERAL (De filed within 72 h

ままる

223

traumatic

other

6

injury,

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23

marked,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

Pages 1, 2, 3 should

DIRECTOR

FUNERAL

BY

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COMPL

BE

1101: 08

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within control and fourth. Proof that he retained by the attending physician and completely filled in the threst director, was 5 amount be desirable for use as the curia be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

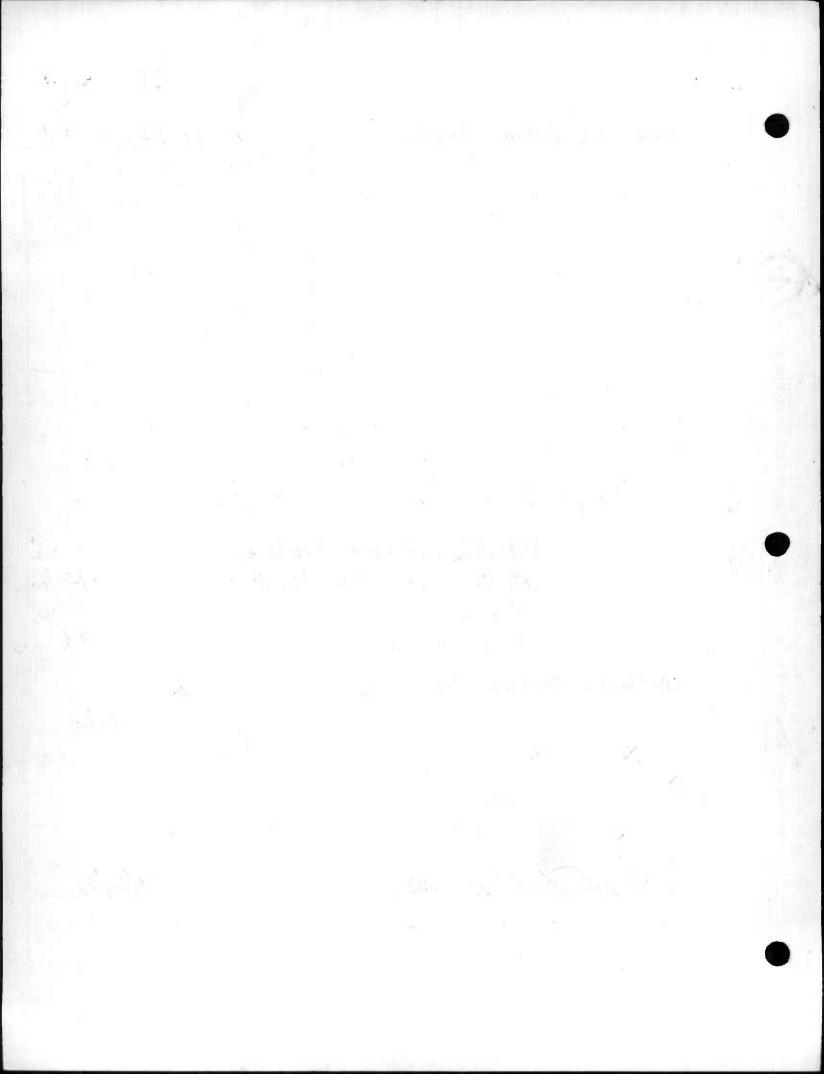
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical axaminar must be natified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-314

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF MA	CI	ERTIF	ICATE (			MENIAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First	Middle Last)	Edward			Smith			2. DATE OF DEATH	9 9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			8. AGE (In yrs. les		IF UNDER 1 YE	AR IF UND	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
219-12-923		1 🛛 M 2 🗌 F	67	YRS.					.923	Mary	
9e. FACILITY NAME (If not in Union Hosp:	ital of		ounty		96. CITY, TO Elkt	ON LOCA	ATION OF D	EATH		Cil	ATH
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				1	10d. INSIDE CITY
Maryland	Cecil			E1	kton						LIMITS?
10e. STREET AND NUMBER						10f. ZIP CC	DOE		10g. CIT		IAT COUNTRY?
753 Union	Church !	Road				21	921		U	.S.A.	
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Dive	Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2 XI		If yo		ben, Mexic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	n or No-	14. RACE - Black, Specify	- American Indian, White, etc. White
	EDENT'S EDUCA		16a. DE	CEDENT'S	USUAL OCCU work done during se retired.)	PATION a most of wo	rkina	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementery/Secondary (	0-12)	College (1-4 or 5+)						na			
6			M	ainte	enance				cati	on	
17. FATHER'S NAME (First, N Jul:		ith				18. MC	THER'S N	AME (First, Middle, Maiden Unknown	Sumame)		
19e. INFORMANT'S NAME (		1.011	1 10	h MAILING	ADDRESS (S)	met and Num	her or Rumi	Route Number, City or Tox	m Stein 7	in Code	
Della F. Si			"		Union				on,		1921
20a, METHOD OF DISPOSIT	"ION Sept.	22, 199	O 20b. PLACE	OF DISPOS	SITION (Name	of cemetery, c	rematory or	20c. LC	CATION	- City or Tow	n, State
20a, METHOD OF DISPOSIT  1 Buriel 2 Cremetic  4 Donation 5 Other	on 3 ⊔ Remov r(Specify)	al from'State	Gilpi		nor Me	moria	l Par	k El	kton	, Mar	yland
21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE	1- 1		22. NAI	AE AND ADD	RESS OF F	for Funera			
1	och.	6 2	Lob	4)	В	ow and	d Sto	ockton Stre		1	
23. PART I. Enter the d								21921 ch as cardiac or reap	iratory a	rrest,	Approximate
ahock, or h IMMEDIATE CAUSE (Fit disease or condition		only one cous	1 0	i. Ima			2/1	l Xa			Interval Between Onset and Death
resulting in death)	a,	CArd	OR AS CONSE	OUENCE O	1479		71/4	re			Somias
		(R) C	erehr	70VH	Built	m 6	teci	dent-			8/24/90
Sequantially list condit if any, leading to imme		DUE TO (	OR AS A CONSE	OUENCE O	F):	<b>y</b>					10/20/2
cause. Enter UNDERLY CAUSE (Disease or inju		Ken	Al F	Alli	ine						0/24/90
that initiated events reaulting in deeth) LAS	ST.	DOE TO	OR AS A CONSE	QUENCE O	F):						10
	d.	1,01	2 Hole	, 30	MA						100
PART II. Other algolfica	nt conditions	contributing to	leeth but not	resulting	in the under	rlying caus	e given ir	Part I. 24a. WAS AF			WERE AUTOPSY FINDINGS
Metabol	IL H	udosis,	75	SK	eek_			1 TYES			COMPLETION OF CAUSE OF DEATH?
										- 1	T YES 2 NO
											NA
25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (C	heck only one)			
1 TYES 2 NO			ER/Outpatient		4 - Nursing			8 Other (Specify)			
27. MANNER OF DEATN Natural 5	Pending	28e. DATE OF I (Month, De		28b. TIN	JURY	c. INJURY AT WORK?	_	26d. DESCRIBE HOW	INJURY O	CCURED	
Accident 3 Suicide	Investigation	28e. PLACE OF	INJURY — At h	ome, farm,				28t, LOCATION (Street	end Numb	er or Rural Ro	oute Number,
4 Homicide	Could not be determined	building, e	Ac. (Specify)					City or Town, State	)		
290. CERTIFIER CER	TIFYINO PHYSICI	AN: To the best of a	ny knowledge, d	eath occurr	red at the time	dete and ple	ca, and du	e to the cause(e) and ma	nner sa st	sted.	
CONSULT ONLY		_						e time, date and place, e			and manner ee stated.
PAR STRUCTURE SHE TITLE	E OF CERTIFIES	1 .1	1	0.00		25c. i.	ICENSE NI	MBER	29d. DA	те зарной г	Manual Day, Year)
Crym	- the	ully	20	110		D	38422	2	•	9/2	3/90
38. HAME AND ADDRESS O	F PERSON WHO	COMPLETED CAOS	E OF DEATH (ITE	M 27) (Type	o, Print)						
	hillips				Street		Elkto	on, MD 219	21		
SEP 2	1 90	32. REGISTRAF	Dagaggere	Hande							



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

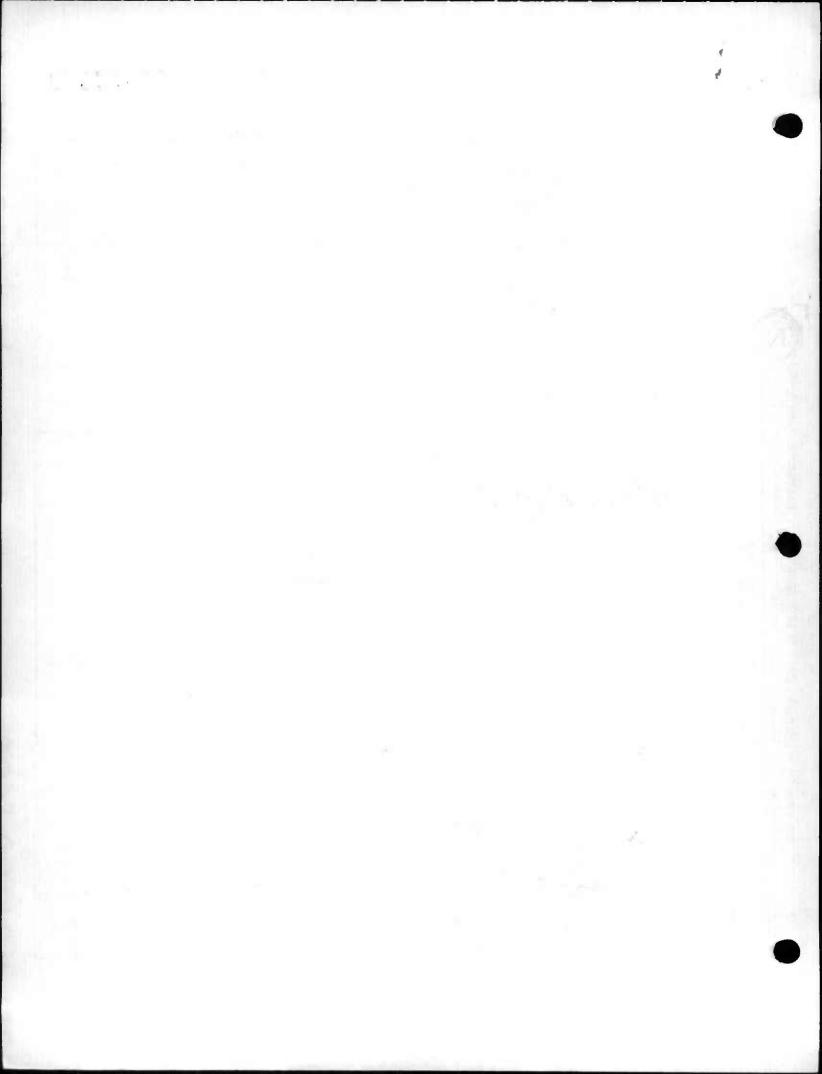
REGISTRAR		Ci	EKIIFI	CALE	OF DEAL	H	REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last	)					2	. DATE OF DEATH	v	YEAR 3. T	IME OF DEATH			
William M.	Shaffe	r				0	Sept. 25		-	20 p.			
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. les	at birthday)	IF UNDER 1 YE	AR IF UNDER 24		DATE OF BIRTH		B. BIRTHPLAC	CE (State or Foreign			
216 05 0726	1 K N/ 2 □ F	79	YRS.				ept 15		W.Va				
216-05-9736		7 7	1110.										
	FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN DR LOCATION OF DEATH				9c. COUNTY OF DEATH			
Moran Manor N		We	esternj	por	t	A11	egany	7					
RESIDENCE OF DECEDENT  10a, STATE  10b, COUN			T										
				, TOWN OR L				10d, INSIDE C LIMITS?					
Maryland Alle	land Allegany We								1 🛭	XES 2 □ NO			
10e. STREET AND NUMBER					101, ZIP CODE			10g. CITIZ	EN OF WHAT	CDUNTRY?			
102 Potomac	102 Potomac St. 21562 USA												
11. MARITAL STATUS									14. RACE — A	American Indian.			
1 Never Married 2 X Married	PERCES? 1 YES & NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)								Black, Wh				
3 Widowed 4 Divorced	IF YES, GIVE WA	R DR DATES		10	YES 2 XX	Specify:			Special	ite			
15. DECEDENT'S EC	I CATION	44. 01	COEDENTIO	USUAL OCCU	DATION		16b. KIND OF BUS	1					
(Specify only highest gra-	de completed)	168. 0	live kind of w	ork done durir	g most of working		100. KIND OF BUS	SINESS/INDU	SIMT				
Elementary/Secondary (0-12)	College (1-4 or 5+)												
12		We	stva	CO		Paper							
17. FATHER'S NAME (First, Middle, Last)					18. MOTHE	R'S NAME	(First, Middle, Maiden	Sumame)					
Charles W.	Shaffer				Sop	hron	ia Mc	Vicke	er				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S			ite Number, City or Tow		_				
Window Chaffa									•	11562			
Vivian Shaffe	r						ternpor			21562			
20a. METHOD OF DISPOSITION	moval from State	20b. PLACE other p	face)		of cemetery, crema		100		ity or Town,				
4 Donation 6 Other (Specify)	- 27 - 1 - 2-2-		Phi1		emeter			tern	port,	Md.			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	0			ME AND ADDRESS					31-75-			
>/1/11000	Boal	1/2		]			ck Fune						
wagne	Low ar	7 -			West	ernr	ort. Md	. 2	1562				
resulting in death)		OR AS A CONSE	OUENCE DI	<b>ገ</b> ።	of Dix								
Sequentially list conditions, if env. iseding to immediate	DUE TO (	DR AS A CONSE	DUENCE DE	ን:	/								
cause. Enter UNDERLYING	c												
CAUSE (Disease or injury that initiated events	DUE TO (	DR AS A CONSE	DUENCE OF	ŋ:									
resulting in death) LAST	4												
	. u.												
PART II. Other eignificent conditi	one contributing to	deeth but not	resulting i	in the unde	riying cause gi	ven in Pa	Brt i. 24s. WAS AN			RE AUTOPSY FINDING			
							_ 1 _ YES :		CO	MPLETION OF CAUSE			
							_	X		DEATH?			
							-		1	YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				26. PLACE DF DE	ATH (Checi	k only one)						
1 TES 2 NO	1 Inpetient 2	ER/Outpstient	3 DOA	OTHER:	Home 6 - Res	idence 6	☐ Other (Specify)						
27. MANNER OF DEATH	28a. DATE OF I	INJURY	26b. TIM		c. INJURY AT	1	28d. DEŞCRIBE HOW	INJURY OCC	URED				
1 Natural 5 Pending	(Month, De	y, Year)	INJ	URY M	WORK?	NO							
2 Accident Investigation		IN HIPW As h				_							
3 Suicide 6 Could not b		FINJURY — At h Hc. (Specify)	ome, term, :	street, rectory	OTTICA	- 1	281. LOCATION (Street City or Town, State		or Hural Houte	Number,			
Individual Certaining													
29a. CERTIFIER 1 CERTIFYING PH	SICIAN: To the best of i	my knowledge, d	leath occum	ed at the time	, data and place.	and due to	the cause(s) and me	nner es state	ıd.				
Correct Orly	NER: On the basis of ex									d menner as stated			
				, y what									
296. SIGNATURE AND TITLE OF CERTIF	TIER	,			29c. LICE	NSE NUMB	ER	29d. DATE		onth, Day, Year)			
Jagas.	4 2 S				3	212	44		9/28	150			
30. NAME AND ADDRESS OF PERSON			EM 27) (Type	Print)									
Jesus Tan, M.					C = = = 1		A4 0	9.50	2				
31. DATE FILED (Month, Day, Year)	10. FV05	I DUYA	1/9	29,1	-r 051 b	urg	MO	4133	4,				
	- Y												
DE 1 0 1 1996	diana Jan	drun-/tan	delle										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the in TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be determed filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND



E HOS	etachi		INCO.
5	90		30
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate executed within 25-hours after death. Page o may be retained by the man	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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eath. Le	funeral		xamine
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Sal	à	L GILL	dici
TOOU.	lled In	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	в ше
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Death	atte	ental	7.0
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出	Ή	w pa	OHI
2	101	De fi	MP

RAGAA FADL,

31. DATE FILEO (Mornth, Day, Year)
OCT 0 1 1990

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

M.D. 921 SETON DRIVE

Scha Jaydson Jandelle

The burial-transit permit. Pages 1, 2, 3 should

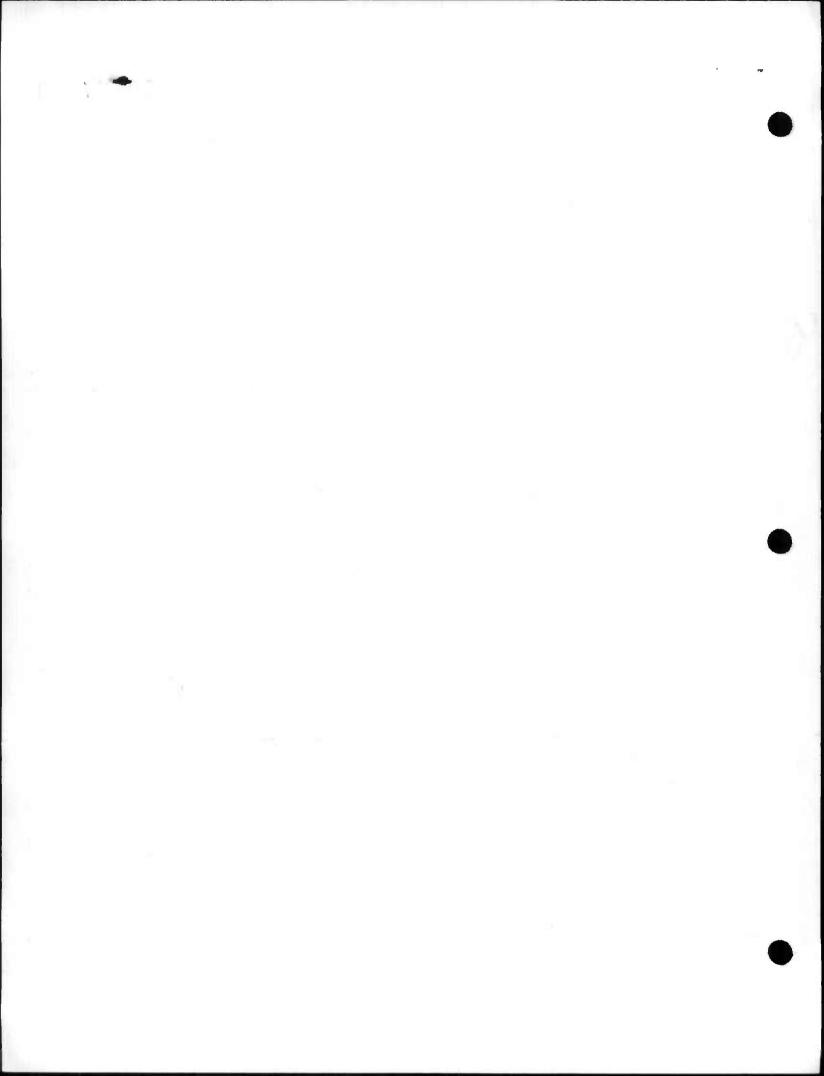
•	FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MEN1	TAL HYGIENI REG. NO.	E	90	27680	
	1. DECEDENT'S NAME (First, Middle, Last)									TE OF DEATH			3. TIME OF OEATH	
•	CATHERINE NMI SW	CATHERINE NMT QUAN								9 - 27 ·	- 19	YEAR	20:20 PM M	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	-	TE OF BIRTH	1)		IPLACE (State or Foreign	
	570/02070	1 □ M 2 😿 F				DAYS	HOURS	MIN.	(Month, Day, Year)			Country)		
1	578423270	20 02			9b. CITY, TOWN OR LOCATION OF OR			May 14,1909						
_	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	, TOWN C	R LOCATI	ON OF O	EATH		9c. COU	NTY OF D	PEATH	
6	SACRED HEART HOSP						ber.	land	ď		ALI	LEGA	NY COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT													
2	10e. STATE 10b. COUNTY 10e. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?					
	Maryland Alle		La'	Vale	:							1 X YES 2 NO		
4	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHA							WHAT COUNTRY?						
FUNERAL	558 National Highway 21502 USA  11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No.— 14. RACE — America								Δ					
3									E — American Indian,					
正	1 Never Married 2 XI Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)							Spec	ck, White, etc.					
B	3 Wildowed 4 Divorced	11 120, 0112	will oil parke				I M	ороси	y.			ф	White	
0	15. DECEDENT'S EOUC		16a.	OECEDENT'S						16b, KINO OF BUS	INESS/IN	DUSTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ng						
7	1 2	College (1-4 or 5	+)			G	ener	a1		B.	usir	iess		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				-		40, 1407	HEDIO NA	ME (El-	st, Middle, Maiden	Cumama)			
	James Corn	n ole					JIII				Surname)			
BE		ack						-		11on				
၉	19a. INFORMANT'S NAME (Type/Print)									lumber, City or Town				
- 1	Mr. John Swan			558	Nat	ion	al l	High	ıwa	y, LaV	ale	, MI	21502	
	20s. METHOD OF DISPOSITION 1 ☐ Burial 2 😾 Cremation 3 ☐ Remo	aval from State		CE OF OISPO									own, Stata	
	4 Donation 5 Other (Specify)	THE HOLL STATE	_	Sı	nith	sbu	rg (	Crer	nat	orysmi	ths	bura	T. MD	
i	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	, , 0		22.	NAME A	NO ADDRE	SS OF FA	CILITY					
1	Down Co	A	Hat	(2)						of th				
	000		, , ,	-						wy. La				
	23. PART I. Enter the diceases, or cashock, or heart fellure.				not enter	the mo	de of dy	ring, suc	ch as c	cerdisc or reepi	ratory ar	rest,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel		4								Onset and Death			
	disease or condition resulting in deeth)	· Lic	ute	Dull	101	w	Uf	2	eu	La				
l		DUE TO	(OR AS A CON	EOUENCE C	OF):		0	1	- 1					
z		Cov	racet	ive.	- +	ea	1	46	lil	uni				
은	Sequentielly list conditions, if any, leading to immediate	OUE TO	OR AS A CON	SEQUENCE C	F):			1/						
X 1	ceuse. Enter UNDERLYING	. Coll	DAADL	n (	and	Tio	My	10	00	this				
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CON	EQUENCE C	OF):		-	J						
F	resulting in deeth) LAST													
									b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO					
일	1 USS 2 INO OF DEATHS									COMPLETION OF CAUSE OF DEATH?				
삘	1 TYES 2 NO													
-														
Z 25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)														
2	EXAMINER?  1  YES 2 NO  1  NO PITAL: 1  NO Inpetient 2  ER/Outpetient 3  DOA 4  Nursing Home 5  Raeldence 5  Other (Specify)  27. MANNER OF OEATH 1 Netural 5  Pending Investigation 2  Accident  Netural 5  Nother  N													
₹														
BY									5					
8	3 Sulcide 5 Could not be datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							House Number,						
E														
29a. CERTIFIER (Check only Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.														
COMPLET	one) 2 [ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								(s) and manner as stated.					
	29b. SIGNATURE AND TITLE OF CERTIFIE	8 0 1	.11	1 1			29c. LIC	CENSE NU	JMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
BE		1 16	109	M.	D		11	015	2				1.an	

29c. LICENSE NUMBER

CUMBERLAND, MD

29d. DATE SIGNED (Month, Day, Year)

• 9 • 27 • 90



the burial-transit permit, Pages 1, 2, 3 should

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	FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAF					MENTA	HYGIEN REG. NO		U	27681
	1. DECEDENT'S NAME (First, Middle, Last) DANNIELLE	LEIGH		SCO	OTT				MONTI	of DEATH D	1990	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-17-2285	5. SEX	6. AGE (In yrs. las	YRS.	IF UNDE MONTHS	DAYS	HOURS	MIN.	(Month	OF BIRTH (, Day, Year) 25, 19	1	Country) MARYI	CE (State or Foreign
AL DIRECTOR	9a. FACILITY NAME (If not institution, give st 410 ETHELS WAY RESIDENCE OF DECEDENT	reet and number)					BURY				9c. COUNT	OMICO	
		MICO		100	PELMA							1 [	LIMITS?  YES 2 X NO
FUNERAL	RT 4, BOX 5041					101	2 18				10g. CITIZ	USA	COUNTRY?
BY FUI	11. MARITAL BTATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X		13.	If yes, sp	ecity Cubi	n, Mexico	in, Puerto 1	? (Specify Yea	e or No—	14. RACE — Glack, Wi Specify:	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) NONE		(0	ECEDENT'S live kind of Do NOT u	work done se retired.)	during me	ON ost of worki	ng	16b	KIND OF BU		STRY	WILLE
BE COMF	17. FATHER'S NAME (First, Middle, Last)	UGENE	SCO'		ONE			HER'S NA		Aiddle, Maiden	NONE Surname) ank)	USILT	ON
TO B	19a. INFORMANT'S NAME (Type/Print) VICTORIA SCOTT-MO			RT 4,	ВОХ	504	1, I	ELMA	Route Numb	D 218		Code)	
	20e. METHOD OF DISPOSITION 9, 1 72 Burlel 2 Cremetion 3 Remote 4 Donation 5 Other (Specify)		WICON	OF DISPO	MEMO	RIAL	PAR	K	CILITY		LISBU		
	*/NR Lall	ly/	2		5	01 S	NOW	HILL	RD,	HOME, P	BURY,	MD 2	1801
	23. PART I. Enter the diseases, or cahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only drie cau	t ceused the dise on each line	. He	erro		tom		ch as card	flac or reap	iretory arre	at,	Approximate Interval Between Onset and Death 2 1/2 yr
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	D-	(OR AS A CONSE										
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	a contributing to	death but not	resulting	In the U	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	EBIO standard		ОТНЕ	R:	- 1		neck only or				
BY PHYS	27. MANNER OF DEATH  1 V Netural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, C	INJURY	26b. TIR		4 Nursing Home 5 Residence 6			e 6  Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
6	3 Suicide 6 Could not be 4 Homicida determined	28a. PLACE C building,	of INJURY — At he etc. (Specify)	ome, farm,	street, fa	ctory, offic				ATION (Street or Town, State		or Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 1  CERTIFYING PHYSI												d menner as stated.
BE C	29b. SIGNATURE OF TITLE OF CERTIFIEF	1 11						ENSE NU	MBER			SIGNED (MC	onth, Day, Year)

28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending Investigation 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicida 1 V CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. ne, deta and place, and duz to the cause(a) and me 296. SIGNATURE NO TITLE OF CERT 035467 29d. DATE SIGNED (Month, Day, Year) 9/24/90 600 H, Wolfest. Balt. 199, 21205 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
M.D., Pl.D. Solis Horkhas Hospital Donald Small M.D., Pl.D. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
The Davidson Perstall SEP 26 '90

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d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	NRTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	REGISTRAR CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, List)  SHERKI, FF  2. DATE OF DEATH MONTH 9 - 1 - 1 90 10.34 A  4. SOCIAL SECURITY MINIBER  5. SEX  6. AGE (In yrs. lest birthday)  F UNDER 1 YEAR  F UNDER 24 HRS.  7. DATE OF BIRTH  8. BIRTHPLACE (Stage or Foreign								
	219-07-6627 1 M 2 F 89 VRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) 1901 Country) M &								
TOR	9a. FACILITY NAME (If not institution) give street and number)  ATHER HOME R. FOHIM. II. ~ GON QUEEN ANNES  RESIDENCE OF DECEDENT								
DIRECTOR	MA OUEEN ANNE MILINGTON, MS- 10d. INSIDE CITY TOWN OR LOCATION 10 LIMITS?  10d. INSIDE CITY LIMITS?  10 YES 2 DEC								
FUNERAL	100. STREET AND NUMBER 2 16 S/ 109. CITIZEN OF WHAT COUNTRY? 2 6 S/ U, S. A								
B	11. MARITAL STATUS 1 Never Married 2 Married Black, White, etc. 1 Never Married 4 Divorced 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 DINO 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify:								
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Give hind of work done during most of working life. Do NOT yes retired.)								
COMPLETED	Elementary (16,12) College (14 or 5+)  LAOUR VAKIOUS								
BE CO	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surmame)  MARY REFERENCE								
TO B	MRS. BESSIEDEATUN (F. E. DEATUN) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2/65 Y								
	20a. METHOD OF DISPOSITION  1   Burlel 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)   20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other plant   20c. LOCATION - City or Town, State  M.								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 207 CATOOM								
4	31. Che Sterto war Ma								
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or hear value. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition and the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the								
	DUE TO (O) AS A CONSPOUENCE OF):								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate								
FICA	CAUSE. (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):								
ERTI	resulting in death) LAST								
DICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS ANALABLE PRIOR TO								
	1 U YES 2 NO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO 1 VES 2 NO								
PHYSICIAN: ME									
ICIA	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NAO  1 Inputent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
HYS	1   YES 2   MO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)    27. MANNER OF DEATH   26a. DATE OF INJURY (Month, Day, Year)   28b. TIME OF   28c. INJURY AT WORK?   WORK?								
ВУР	1 Netural 5 Pending M 1 YES 2 NO 2 Accident Investigation								
	3 Suicide 4 Homicide  8 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)  28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typin Print)  CENTREVILLE, Ad.								
5	31. DATE FILED (MONT), QUE NAM) Fish Davidson-Randelle								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dent of Health and Mental Hiciense prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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DECEDENT'S NAME (First, Middle, Last	)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF	DEATH
WILLIAM C. STANLEY							_09	25	90	435	P
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	MONTHS	DAYB	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	7	8. BIRT	HPLACE (State try)	or Foreig
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s. FACILITY NAME (If not institution, give	street and number)		9b. CITY,	TOWN O	R LOCATI	ON OF DE	ATH	9c. COU	INTY OF	DEATH	
NORTH ARUNDEL HOSP	ITAL HOSPI	TAL DRIVE	GLEN	BUR	NIE I	<b>MARYL</b>	AND	ANNE	ARUNI	DEL	
DESIDENCE OF DECEDENT 10b. COUN		100	CITY, TOWN OF	D LOCAT	TON.				1172	10d. INSIDE	OUTV
	ne Arunde									LIMITS?	
00. STREET AND NUMBER	ne Arunde	т .	Severna		ZIP CODE			1		1 TYES 2	
767 Trenton Aven	100			PUI.	-77			10g. C11			177
1. MARITAL STATUS		NT EVER IN U.S. ARMED	T			146			USA		
Never Married 2 Married  Widowed 4 Divorced	FORCES?		H	yes, spe		n, Mexicar	IC ORIGIN? (Specif) n, Puerto Rican, etc. :		14, RAC Blac Spec	E — American ck, White, atc. city: Whit	
15. DECEDENT'S ED	UCATION	18a, DECEDE	YT'S USUAL OC	CUPATIO	)N		16h KIND OF	BUSINESS/INC	DUSTRY	WIIIC	
(Specify only highest gra		(Give kin	d of work done di OT use retired.)	uring mod	at of worldr	9	1000 1000 01				
Elementary/Secondary (0-12)	College (1-4 or 5	*)	Operat				Food 1	Jarobo	1100		
7. FATHER'S NAME (First, Middle, Last)		113 11.7	operat	, C/L	18, MOTI	HER'S NA	ME (First, Middle, Ma	Wareho	use		
ynathais Stanle	y				100000000000000000000000000000000000000		ltzman	out outraine)			
Da. INFORMANT'S NAME (Type/Print)		10h 8440	ING ADDRESS	/Stepant -			Route Number, City or	Tours Chain 'V	in Cordal		-
Beatrice Stanley			e as #		riu iYulTIDBI	or munai F	wate number, City of	rown, stere, Zij	p (-0000)		
DA. METHOD OF DISPOSITION									-		
☐ Burial 2 ☐ Cremation 3 ☐ Re		20b. PLACE OF Disorber place)						LOCATION —			
□ Donation 5 □ Other (Specify) I. SIGNATURE OF FUNERAL SERVICE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Hillcre			al G			napol:	is,	MD	
23. PART I. Enter the diseases, o	r complications the	at caused the death, (	Bra Do not enter t	rra	nco (	Sevei	rna Park	Funera	al H	Appro	
shock, or heart failure MMEDIATE CAUSE (Finel Ilsease or condition esulting in death)  Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING 2AUSE (Disease or Injury	a. Due to	O (OR AS A CONSEQUENT	Do not enter t	rra	nco !	Several such	rna Park has cardiac or n	Funera espiratory ar	al H		al Bet
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LOCATION (St. City or Town, St. to the cause(s) and time, date and place and place are are also as a second of the cause(s) and time, date and place are are also as a second of the cause(s) and time, date and place are are also as a second of the cause(s) and time, date and place are are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time, date and place are also as a second of the cause(s) and time are also as a second of the cause(s) and time are also as a second of the cause(s) and time are also as a second of the cause(s) and time are also as a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second of the cause(s) and time are a second	S AN AUTOPSY IFORMED?  S 2 NO  OW INJUTY OC  reef and Number  manner as state, and due to t	24  CCURED or or Rural sted.	b. WERE AUTOP AMALABLE PIO COMPATT  1 YES 2	al Bet and I

uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MAR	BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital or attending physician.	d by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans has find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, criemation, or removal.	d be detached for use as the burial-trans
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	d at once.

31. DATE FISTEN PIN 208 10 1990 A 14 PROGRAMME AND THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE ST

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N DEATH	MENTAL HYGIEN REG. NO	e 90	27684
	1. DECEDENT'S NAME (First, Middle, Last)	50	orre 11			2. DATE OF DEATH ON THE CO.		3. TIME OF DEATH
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. 8	NRTHPLACE (State or Foreign
		1 🗆 M 2 🗡 F	56 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02 / 7 3	4 MA	ARYLAND
TOR	98. FACILITY NAME (If not institution, give stre ANNE ARUNDEL ME RESIDENCE OF DECEMENT			ANNAI	OLIS	АТН	ANNE	ARUNDEL
DIRECTOR	MARYLAND ANNE	E ARUNDEL		POLIS	ON		-	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1131 EASTPORT	TERRACE		101.	ZIP CODE 214	03	U.S.A	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorcad	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 XNO	If yes, spe		IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.) /:		RACE — American Indian, Black, White, atc. Specify: BLACK
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S UI (Give kind of wo life. Do NOT use	rk done during mos		DOMEST		
BE CON	17. FATHER'S NAME (First, Middle, Last) VENSON HENSON					ME (First, Middle, Malden JACKSON	Surname)	
6	19a. INFORMANT'S NAME (Type/Print) DIANE SHEPARD		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon			ACE ANNA		MD.21 <b>9</b> 03
	28a. METHOD OF DISPOSITION  1  Burlet 2 Cremetion 3 Remove  4 Donation 5 Other (Specify)	val from Stata	other place)  NELAWN				CATION — City APOLIS	
	21. SIGNATURE OF FUNERAL SERVICE LICE		HEBRINE, L					ANNAPOLIS,
	1 I arry	H Roes	0					TUARY, P.A.
	23. PART I. Enter the diseases, or co shock, or heert fallure. L	emplications that cause	d the deeth. Do no					
	IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth)	57	3060					Onset and Beath
	readiting in deeth)	DUE TO JOH AS	A CONSEQUENCE OF		JEN.			V
TION	Sequentially liet conditions, if any, leading to immediate	DIE TO OR AS	ACONSECUTION OF	udeor	0116	.,		y Ecers
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF:	uce	ecqu	/		years
Ä	resulting in death) LAST							
PHYSICIAN: MEDICAL (	PART II. Other aignificant conditions	contributing to death the	_ //	the underlying	cause given in	Part I. 24e. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDHNOS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
SIC	1 YES 2 NO	HOSPITAL: 1 © Inpatient 2 □ ER/Out		OTHER:     Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	RY WO	URY AT RK? /ES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	25e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, at ic/ly)	met, fectory, office		261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	Correct oray	CIAN: To the best of my known: T: On the basis of examination						suse(s) and manner as stated.
BE	299 STONATURE AND TITLE OF CENTIFIER	Juna	ass	>	29c. LICENSE NUI	MBER / 9 2	29d. DATE SI	GNED (Month, Day, Meer)
9	30. NAME AND ADDRESS OF PERSON WHO	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			- 1		-	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 cors after death. Page 6 may be retained by the hospital or attending phys	Surs after death. Page 6 may be retained by the hospital or attending physical
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directior, page 5 should be detached for use as the buri	filled in by the funeral director, page 5 should be detached for use as the buri
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	on, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ne medical examiner must be notified at once.

	REGISTRAR		OL		ICATE	OI.	DEA:		HE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	EATH DAY		YEAR	3. TIME OF DEATH
	Walter G. Sha	nnon							09-1				6.20 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER 1	YEAR	# UNDER	24 HRS.	7. DATE OF BI	RTN	990	0. BIRTH	PLACE (State or Foreign
	578-32-3771	1 M 2 F	96	YRS.	MONTHS	DAYS	HOURS	MIR.	(Month, Day,	Year)	- 1	Country	"Wisc.
	9a. FACILITY NAME (If not institution, give str	, ,	70	12.12.				05.05		74	0.0011		
~			9b. CITY,			ON OF DE	AIH	- 1		OUNTY OF DEATH			
0	Berlin Nursing		Berlin Worce						ster				
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	100 CIT	10c. CITY, TOWN OR LOCATION 10						10d. INSIDE CITY				
DIRECTOR	4. 1												LIMITS?
0		ntgomeny		L	Silve	er J	prun	19					1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	. ZIP CODI	E			10g. CITI	ZEN OF W	HAT COUNTRY?
<b>L</b>	1376 Ferwick L	ane					209	02				USA	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR						IC ORIOIN? (Spi		or No-	14. RACE	— American Indian, , White, atc.
	1 Never Married 2 Married	IF YES, OIVE W						Specify	, Puerto Rican,	etc.)		Specif	4
À	3 Widowed 4 Divorced		M	107	_								White
	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N of of woods		16b. KIND	OF BUS	INESS/INC	USTRY	
ᆸ	Elementary/Secondary (0-12)	College (1-4 or 5 +	life.	Do NOT us	work done du ne retired.)	army mo	St OF WORK	79		_			
4	/2			Mana	ger				43	90V	ernm	ent	
COMPLETED	17. FATHER'S NAME (First, Middle, Leel)				0		16, MOT	NER'S NAI	ME (First, Middle,	Maiden 3	Surname)		
Ö	Robert E. Sha	nnon					_		ine She				N I
BE	19a. INFORMANT'S NAME (Type/Print)	747071	100		ADDRESS	(Chan at a			Soute Number, Ch			Codel	
2	Charles E. Wi		177										95
. 1		ле							lbyvil				
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Remo	oval from State	20b. PLACE other pl	ece)							CATION —		
	4 Donation 5 Other (Specify)			So	Lisbi	iny	Cren	nator	SILITY	Sa	Lisb	ury,	Md.
	21. SIGNATURE OF FUHERAL SERVICE LICE	ENGEE .			22. N	IAMÉ AN	ND ADDRE	SS OF FAC	ZILITY			0	
	Make 1/11	1/2/				411	rich	Fun	eral H	ome	Bo	nlin	· Md.
	22 DADY I Enter the discount Dr. o	And the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	account the de	oth Do									
- 1	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, abock, or heart failure. List only one cause on each line.									Interval Between			
- 1	IMMEDIATE CAUSE (Final		. /										Onset and Death
	disease or condition reaulting in death)	1+	cle	n	40	un	NE	din	11	n			
		DUE TO	(OR AS A CONSE	OUENCE O	F):				,				
z		HA	teni	05	c/ e	20	5	- (	Rsc	3			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	Due to (or as a consequence of):  Profession of erofs Use b  Due to (or as a consequence of):										
S	cause. Enter UNDERLYING	n_	And	NSEOUENCE OF):									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE										
F	resulting in death) LAST	4.											
22		d.											
	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  ANILABLE PRIOR TO												
A	PART il. Other aignificant condition	a contributing to	death but not	reaulting	in the unc	derlyln	g cause	given in	Part I. 24a.			24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ICAL	PART II. Other eignificant condition	nost	orte	reauiting	in the und				10		MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
<b>IEDICAL</b>	PART II. Other eignificant conditions  O G O F  M & France	a contributing to	orte	reaulting	in the und			given in	10	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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Σ	PART II. Other eignificant conditions  O	nost	orte	reaulting	in the unc	13	3 v	アレー	<u>e</u>	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	FN HOSPITAL:	he	#	OTHER	26. PI	3 V	DEATH (Ch	eck only one)	PERFOR	MED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO	HOSPITAL:	ER/Outpetlent	₽ DOA	OTHER 4   Nurs	26. Pl	LACE OF C	DEATH (Ch	eck only one) 6  Other (Spe	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	FN HOSPITAL:	ER/Outpetlent :	DOA 28b. TIN	OTHER 4   Nurs	26. PI	LACE OF E	DEATH (Chi	eck only one)	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   28a. DATE (Month, D	ER/Outpetlant : INJURY ay, Year)  F INJURY — A1 he etc. (Specify)	DOA 28b, Tin	OTHER 4   Nurs 4   Nurs 4   Nurs 5   Nurs 5   Nurs 5   Nurs 6   Nurs 6   Nurs 6   Nurs 7   Nurs 7   Nurs 8   Nurs 8   Nurs 8   Nurs 9   Nu	26. PI	LACE OF (	DEATH (Chinasidence	eck only one)  6 Other (Spi 28d. DESCRIB  28f. LOCATION City or To	PERFOR  YES 2  Octify)  HOW III	MED?  NO  NO  NJURY OC	CURED or Rural i	ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	HOSPITAL: 1 Inpatient 2 28a. DATE OF (Month, D) 28a. PLACE Obuilding,	ER/Outpetlant :  INJURY ey, Year)  FINJURY — A1 he etc. (Specify)  my knowledge, de	28b. Tiff IN.	OTHER 4   Nurs IE OF JURY M street, factored at the th	26. Pt	LACE OF E	DEATH (Chasidence	eck only one) 6 Other (Spi 28d. DESCRIB 28f. LOCATION City or 75	PERFOR  YES 2  Colly)  E HOW III  N (Street & vr., State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	CURED or or Rural I	ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
D BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D 28e. PLACE O building, CIAN: To the best of a	ER/Outpetlant :  INJURY ey, Year)  FINJURY — A1 he etc. (Specify)  my knowledge, de	28b. Tiff IN.	OTHER 4   Nurs IE OF JURY M street, factored at the th	26. Pt	LACE OF E	DEATH (Chrasidence NO	eck only one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tou to the cause(a) 11me, data and	PERFOR  YES 2  Colly)  E HOW III  N (Street & vr., State)	NO NO NJURY OC	CURED or Rural lited.	AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO  Route Number,
E COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D 28e. PLACE O building, CIAN: To the best of a	ER/Outpetlant :  INJURY ey, Year)  FINJURY — A1 he etc. (Specify)  my knowledge, de	28b. Tiff IN.	OTHER 4   Nurs IE OF JURY M street, factored at the th	26. Pt	LACE OF C	DEATH (Chinesidence No	eck only one)  6 Other (Spi 28d. DESCRIB  28f. LOCATION City or Tow to the cause(s) time, data and	PERFOR  YES 2  Colly)  E HOW III  N (Street & vr., State)	NJURY OC	cured or Rural in ted.	ANILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpatient 2   28e. DATE Of (Month, D) 28e. PLACE O building. CIAN: To the best of a	ER/Outpetlant : INJURY ey, Year)  F INJURY — A1 he etc. (Specify)  my knowledge, dexamination and/or	DOA 28b. Tin in.	OTHER 4 Nurs NE OF JURY M street, factored at the the	26. Pt	LACE OF C	DEATH (Chrasidence NO	eck only one)  6 Other (Spi 28d. DESCRIB  28f. LOCATION City or Tow to the cause(s) time, data and	PERFOR  YES 2  Colly)  E HOW III  N (Street & vr., State)	NJURY OC	cured or Rural in ted.	AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  1 YES 2 NO  Route Number,
E COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D 28a. PLACE O building.  CIAN: To the best of a	ER/Outpetlant : INJURY ay, Year)  F INJURY — A1 he etc. (Specify)  my knowledge, dexamination and/or	28b. Till iN. 28b. Till iN. 28b. Till iN. 28b. Till iN. 28b. Till iN.	OTHER A   Nurs BE OF JURY M street, factored at the the	26. Pt	LACE OF E	DEATH (Chinasidence No	eck only one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tou to the cause(a) 11me, data and WBER	PERFOR  VES 2  Polity)  E HOW III  N (Street & vvn, State)  and mer	NJURY OC	cured or Rural in ted.	ANILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be detarmined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D 28a. PLACE O building.  CIAN: To the best of a	ER/Outpetlant : INJURY ay, Year)  F INJURY — A1 he etc. (Specify)  my knowledge, dexamination and/or	28b. Till iN. 28b. Till iN. 28b. Till iN. 28b. Till iN. 28b. Till iN.	OTHER A   Nurs BE OF JURY M street, factored at the the	26. Pt	LACE OF E	DEATH (Chinasidence No	eck only one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tou to the cause(a) 11me, data and WBER	PERFOR  VES 2  Polity)  E HOW III  N (Street & vvn, State)  and mer	NJURY OC	cured or Rural in ted.	ANILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.
TO BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inputant 2 28a. DATE OF (Month, D) 28a. DATE OF building, CIAN: To the best of a	ER/Outpetlant :  INJURY ey, Year)  FINJURY — A1 he etc. (Specify)  my knowledge, dexamination and/or  SE OF DEATN (ITE  M . D .  UR'S SIGNATURE	DOA 28b. Till in in in in in in in in in in in in in	OTHER 4   Nure 4   OF JURY M street, factored at the the	26. Pt	LACE OF E	DEATH (Chinasidence No	eck only one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tou to the cause(a) 11me, data and WBER	PERFOR  VES 2  Polity)  E HOW III  N (Street & vvn, State)  and mer	NJURY OC	cured or Rural in ted.	ANILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inputant 2 28a. DATE OF (Month, D) 28a. DATE OF building, CIAN: To the best of a	ER/Outpetlant 3 INJURY ey, Year)  FINJURY — A1 he etc. (Specify)  my knowledge, dexamination and/or  SE OF DEATN (ITE  M . D .	DOA 28b. Till in in in in in in in in in in in in in	OTHER 4   Nure 4   OF JURY M street, factored at the the	26. Pt	LACE OF E	DEATH (Chinasidence No	eck only one)  6 Other (Spe 28d. DESCRIB  28f. LOCATION City or Tou to the cause(a) 11me, data and WBER	PERFOR  VES 2  Polity)  E HOW III  N (Street & vvn, State)  and mer	NJURY OC	cured or Rural in ted.	ANILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  Route Number,  a) and menner as stated.

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT, If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTR	AR
Γ.	ı. D	ECEDENT'S	NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - REGISTRAR	CI	ERTIFI	CATE O	F DEATH	В	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF I	DEATH DAY	YEAR	3, TIME OF DEATH
	ADDIE J. SHOCKL	F.V				00_2	2	1000	2:05 PM M
		6. AGE (In yrs. las		IF UNDER 1 YEA		7. DATE OF	HTH V Mari	S. BIRT	THPLACE (State or Foreign
	216 40 4663 1 DM 2 10 F	216 40 4663 1 DM 2 1 95					95	Ma	aryland
	9e. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOW	N OR LOCATION OF DI	EATH	9	c. COUNTY OF	DEATH	
8	Berlin Nursing Home			Berlin	Word	cester			
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE  10b, COUNTY		I so orty	TOWN OR LO	0.000				L ded Blocks Oltry
2			10c. CI1 Y,						10d. INSIDE CITY LIMITS?
	Maryland Worcester			Snow	10f, ZIP CODE		L		1 X YES 2 NO
FUNERAL						2	Ι,		
N N	112 N. Church Street 11. MARITAL STATUS 12. WAS DECEDENT	EVED BLUG A	24450	1 40 990	2186 DECENDENT OF HISPA			USA	CE American Indian.
	1 Name Married 2 Married FORCES? 1	YES 2X	NO	If yes	specify Cuben, Mexico	in, Puerto Ricai		Bla	ack, White, etc.
BY	3 Widowed 4 Divorced IF YES, GIVE W	AR OR DATES		10	VES 2 K NO Specif	y:		Spi	White
<u>a</u>	15. DECEDENT'S EDUCATION	18a. DE	ECEDENT'S	JSUAL OCCUP	ATION	16b. KIN	D OF BUSIN	ESS/INDUSTRY	
Ē	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	) life	a. Do NOT use	netired.)	most of working				
릴	Unknown		Home	maker			Own	n Home	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA				
BE	Samuel R. Johnson				Mar	y Elle	n Tim	mons	
TO B	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural				
F	Raymond C. Shockley		509 C	oastal	. Hwy., Oc	ean Ci			
	20e. METHOD OF DISPOSITION 1 № Burlel 2 □ Cremation 3 □ Removal from State	20b. PLACE other p.	OF DISPOS	ITION (Name of	cemetery, crematory or			TION — City or	
	4 Donation 5 Other (Specify)	Bates	Meth		Cemetery			Hill,	Maryland
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE	-		22. NAM	ennis Fune	ral. Ho	me		
	Many off land				0 Frankli			Hill.	Md. 21863
	23. PART I. Enter the diseases, or complications that								Approximete
	shock, or heart failure. Cist only one ceu	se on each line	е.						Interval Between Onset and Death
- 1		ner	40	Nir	, -				Zde
	DUE TO	(OR AS A CONSE	QUENCE OF	):					3
z	- CS-	OR AS A CONSE	2 6	m					30
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OR AS A CONSE	OUENCE OF	):	0/10/1				
2	CAUSE (Disease or Injury	OR AS A CONSE	シアノ	01	CLESO	7			
E	that initiated eventa resulting in death) LAST	(OR AS A CONSE	OVENDEDI	11 / -	0				
H	d		-)	1					
	PART II. Other significent conditions contributing to	death but not	resulting i	n the under	ying ceuse given ir	Part I. 24	B. WAS AN AL		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL						1	YES 2		COMPLETION OF CAUSE OF DEATH?
									1 TES 2 NO
N									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C	heck only one)			
SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆 Residence	8 Other (S	pecify)		
Ψ̈́	27. MANNER OF DEATH 28a. DATE OF (Month, D	INJURY	28b. TIMI	E OF 28c	INJURY AT WORK?	28d. DESCR	IBE HOW INJ	JURY OCCURED	
ВУ Р	Netural 5 Pending 2 Accident Investigation	ey, 1045/			YES 2 NO				
	3 Suifolde 28e. PLACE O	F INJURY — At h	iome, farm, s	treet, fectory,	office		ON (Street end own, State)	d Number or Run	al Route Number,
TE	4 Homicide determined					717, 713.			
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of	my knowledge, d	leath occurre	d at the time,	date end place, end du	e to the ceuse(	e) end menn	er ee stated.	•
COMPLETED	one) 2 MEDICAL EXAMINER: On the basic of e	xemination and/or	r investigatio	n, In my opini	on, death occured at th	e time, date en	d place, end	due to the ceue	e(e) end manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	1	29d. DATE SIGN	IED (Month, Day, Year)
) BE	1222	~	_	7	#D02	026		D 9/2	3/90
5	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)					
Į.	FEDERICO G ARTHES	MD /	#3 Ba	ay St	., Berli	n, Md	. 218	811	
١, ا	31. DATE FILED (Month, Day, Year) 32. REGISTRA	AR'S DIGNATURE							
1	SEP 25'90 gum	C FOOD ( MOD)	. (						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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2

G.

SEP 2 8

Federico

31. DATE FILED (Month, Day,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Arthes,

M.D

32. REGISTRATIS SIGNATURE
Julia Davidson

							0	0 0	7707
	1 - STATE OF MAR			ENT OF H		MENTAL HYGIEN REG. NO.	_	UZ	27687
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH MONTH DA		YEAR 3. 1	TIME OF DEATH
	Catherine E.	Salyer	S			9 26			30 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. lest	birthday) IF t	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLAC	CE (State or Foreign
		86	YRS. MON		HOURS MIN.	(Month, Day, Year) 4-7-04		Country)	Md.
~	9a. FACILITY NAME (if not institution, give street and number)		9b.		R LOCATION OF DE	ATH		Y OF DEATH	
Ö	Berlin Nursing Home			Berli	2		W	oncest	Ler
ᄗ	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY		100 CITY TO	WN OR LOCAT	ION			104	, INSIDE CITY
DIRECTOR	Md. Woncester			Ocean (	_			100	LIMITS?
FUNERAL	10s. STREET AND NUMBER 622 Oyster Lane			10f.	21842		10g. CITIZ	EN OF WHAT	COUNTRY?
3	11. MARITAL STATUS 12. WAS DECEDENT EV	/ER IN U.S. ARN	IED			IC ORIGIN? (Specify Yes	or No-	14. RACE - /	American Indien,
BY F	1 Never Merried 2 Merried FORCES? 1 IF YES, GIVE WAR		2		2 O Specify	n, Puerto Ricen, etc.)		Black, Wh Specify:	White
	15. DECEDENT'S EDUCATION	16a. DEC	EDENT'S USU	AL OCCUPATIO	N .	16b. KIND OF BUS	INESS/INDU	STRY	
E	(Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5 +)	life. I	o kind of work of Do NOT use reti	done during mos red.)	st of working				
4	12		Sales (	Lenk		Re	tail		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Maiden	Sumame)		
	Joseph Mangum					ta Mangum			
B	19a, INFORMANT'S NAME (Type/Print)	19h	MAILING ADD	BESS /Street a		CO. I'TOTLOUTE Poute Number, City or Tow	n State Zin (	Cordel	
2	Richard Bennett	1000		CHAIR CO.		Office St. Section			
	20a. METHOD OF DISPOSITION	DOD DI ACE C	022 U	ister i	netery, crematory or	cean City.	I'ld.,	tty or Town,	2
	1 🗆 Buriel 2 X Cremetion 3 🗆 Removal from State	other place	ce)						
	4 Donation 5 Other (Specify)  21, SIGNATURE OF CONSTRAINE SERVICE LICENSEE		Sal	shury	Cremato	ny Ja	Lisbu.	ry, Me	1.
	21, Signal Oile Of College								
	and angle			UL	lnich Fui	neral Home	Ber.	lin, I	1d.
	23. PART I. Enter the diseases, or complications that ca		th. Do not e	nter the mo	de of dying, auc	h sa cardiac or reap	ratory srre	st,	Approximate
	shock, or heart fallure. List only one cause	on each line.							Interval Between Onset and Death
- 1	IMMEDIATE CAUSE (Final disease or condition	1117	. /.			1111		i	1-7/
	resulting in death) e	AS A CONSEC	HENCE OF:	7001	Thole	1 Mg	27		1 27.
	0	- 4	CENCE OF J.	-		1	0	i	117
8	Sequentially list conditions, b.	76 70C	LIENCE OF	11/1	ing O	nen	4		75
CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING	P .	O CHOL OJ).	an	1 )	01		i	277
일	CAUSE (Disease or Injury	AS A CONSEC	HENCE OF:	a	Jen			i	- /
Ē	thet initiated events resulting in desth) LAST	AS A CONSEC	C. C.	0				Ì	
<b>5</b>	d								
	PART II. Other significent conditions contributing to de	ath but not re	sulting in th	e underlying	g cause given in				RE AUTOPSY FINDINGS
3						PERFOI		CO	MPLETION OF CAUSE
						1 YES 2	L NO		DEATH?
Σ					-	-		10	YES 2 NO
Z									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		o	26. PL CHER:	ACE OF DEATH (Ch	eck only one)			
YS	1 YES 2 NO 1 Inpetient 2 E		DOA 4 6	Nursing Hom		8 Other (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH  28e. DATE OF IN. (Month, Day,		28b. TIME OF	WO	URY AT PRK?	28d. DEŞCRIBE HOW	NJURY OCC	URED	
BY	1 Netural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO				
3 Suicide 6 Could not be 296. PLACE OF INJURY — At nome, farm, street, factory, office building, att. (Specify)								or Rural Route	Number,
TE	4 Homicide determined								
Ž.	29e. CERTIFIER  (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, der	ith occurred #	the time, date	and place, and due	to the cause(e) and ma	nner as state	ıd.	
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basic of exam								d manner as stated.
							·		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	_	_	0	D020		17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/27/	rott, Day, Wear)

294. LICENSE NUMBER D02026

St., Berlin,

#3

Bay

Randell

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Huar)

▶ 9/27/90

21811

MD

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BALTIMORE, MARYLAND 21203-3146	PHYSICIAN: The law requires that the death certificate be executed within Foous after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit by with the State Deut of Health and Mental Hydlere prior to bunal, cremation, or removal.	arked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
8/	ours after o	this certificate has been signed by the attending physician and completely filled in by the built in the State Deut of Health and Mental Hydiene prior to burial, cremation, or removal.	medical e
		y fille	the
3146,	cuted within	d completel urial, crema	ilc event,
#	903	to b	ma ma
OF VITAL RECORDS, P.O. BOX 13146,	ificate by	physicia ne brior	her tra
0	n cert	Hvaie	or ot
9	death	ental	Ju,
DS	if the	by the	II.
OR	ss tha	alth a	am)
EC	equir	en sig	how
LB	aw 1	as be	23 8
TA	The	ate h	tem
>	CIAN	ertific the S	0
OF	PHYS	r this c	arked.

DIVISION OF

marked,

L DR ATTENDING P.
L DIRECTOR: After the pours after death vice teach vice tea

HOSPITAL FUNERAL I writhin 72 h

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: IT

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CHRISTA SISYYDERR OLIVE Sept 27%27999990 10>35a 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. "07.708705 MARYLAND 213-18-8120 1 IN FEMALE 85 YRS. HOURS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WESTMINSTER N. & CONV. CTR. WESTMINSTER DIRECTOR CARROLL RESIDENCE OF DECEDENT 106. COUNTY RROLL 10a TATE 100 GINTETOWN OF FORATIONE 10d. INSIDE CITY 1 YES 2 NO 101. ZIP CODE 21791 FUNERAL 100. TUZT E. LUCUST ST. 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, CHAPE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify SP WHITE BY 3 Widowed W Divorced COMPLETED 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) SEAMSTRESS FACTORY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) EDWARD STRASBURG IVA SMITH BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 VIVIAN S. NUSBAUM 102 E. LOCUST ST. UNION BRIDGE MD 21791 20a. METHOD OF DISPOSITION BURIAL
1 Devial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION -- City or Town, Stata MOUNTAIN VIEW CEMETERY UNION BRIDGE, 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSEE D. D. HARTZLER & SONS 22, NAME AND ADDRESS OF FACILITY atharine UNION BRIDGE, MD 23. PART I. Entar the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on sech line. Approximete Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Years MULTI INFARCT DEMENTIA DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immedieta cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated evants reaulting in daeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE Urinary tract infection, one week 1 TYES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 TYES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examinating and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 206. SIGNATURE AND TYTLE OF CENTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE our PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D 906 Sept. 27, 1990 2 N Main St., Union Bridge, Md. 21791 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randale SEP 28 '90

8. BIRTHPLACE (State or Foreign Country)

Charleston, S.C.

3. TIME OF DEATH

0750 A M

REG. NO.

2. DATE OF OEATH HTHOM PO

7. DATE OF BIRTH

July 21,1894

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

578-62-2711

81158

Thorne

5. SEX

1 M 2 F

YRS.

IF UNDER 1 YEAR

DAYS

MONTHS

IF UNDER 24 HRS.

HOURS

6. AGE (In yrs. last birthday)

96

BALTIMORE, MARYLAND 21

executed within

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DIVISION OF VITAL RECORDS, P.O.	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif	
/ISION	ATTENDING	
5	O.	-
_	PITAL	1

insit permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not Institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF GEATH DIRECTOR Washington Adventist Hospital Takoma Park Montgomery RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY D.C. N/A Washington YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4468 Sedgwick Street, N.W. 20016 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yas or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced BY Black COMPLETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INOUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 12 Housewife Home once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ William S. Scanlan funeral director, page 5 should be Constantia F. Mushington notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Myrtle E. Thorne 4468 Sedgwick Street, N.W. Washington, D.C. 20016 Pe 20s. METHOO OF DISPOSITION
1 Burisl 2 Cremetion 3 XRs 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State must Friendly Union Cemetery 4 Donation 5 Other (Specify) Charleston, S.C. 22. NAME AND ADDRESS OF FACILITY
McGuire Funeral Service SIGNATURE OF FUNGRAL SERVICE LICENSEE examiner 20012 7400 Georgia Ave. N.W. Washington, D.C. the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal. medical 23. FART I. Einer the disesses, or complicatione that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel the disease or condition resulting in death) ASPIRATION UNIN event, DUE TO (OR AS A CONSEQUENCE OF): DYIPHALIA 6 MUN NY traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Entar UNDERLYING CAUSE (Diseese or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events reaulting in death) LAST injury, ( PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL and AVAILABLE PRIOR TO MIFAIK PRAW COMPLETION OF CAUSE DF DEATH? shows any 1 YES 2 -WO been signed t, of Health a 1 YES 2 NO certificate has been the State Dept. of PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 1 tient 2 ER/Outpatient 3 DOA 6 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED After this co marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 3 Sulcide 6 Could not be COMPLETED DIRECTOR: hours after 4 Homicide 28 item 29a. CERTIFIER (Check only one)

ASSIGNATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O FUNERAL within 72 h MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, BE 出土 6-CMAN M 50 2 2 3 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M 6521 PATTIVILLA 32. REGISTRAR'S SIGNATURE who Davidson Randoll DHMH-16 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

578-88-5735

RESIDENCE OF DECEDENT

1 Never Merried 2 Married

3 Widowed 4 Divorced

MD.

11. MARITAL STATUS

10a, STREET AND NUMBER

9a. FACILITY NAME (If not institution, give street and number)

4. SOCIAL SECURITY NUMBER

Willie

801 Southern Avenue-Outside

10b. COUNTY

15. DECEDENT'S EDUCATION

5. SEX

P.G.

1245 South View Drive, #101

1 M 2 - F

1 - FOR STATE REGISTRAR

permit. Pages 1, 2, 3 should

as the

DIRECTOR

FUNERAL

BY

(4)	COMPLE	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)		ofilm		rato
	NO	17. FATHER'S NAME (First, Middle, Last)		111010	/ A	Upu.	18. MOTHER
5 8 W		Willie E. Til	lman, Sr				Marc
S should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a should a s	BE	19a. INFORMANT'S NAME (Type/Print)			ILING ADDRES	S (Street an	
E 10 E	2	Willie E. Till	man, Sr.	501	9 Rog	jers	Dri
e 6 may be ector, page must be		20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Remo 4  Donation 5  Other (Specify)	oval from State	20b. PLACE OF O other place) Harmony			
after death. Page 6 may to y the funeral director, page moval.		21. SIGNATURE OF FUNERAL SERVICE LIC				NAME AND	Bace
filled in the ion, or rei		23. PART I. Enter the diseases, prosphore, properties of the condition resulting in death)	Gunshot	on eech lina.	o face		
h certificate be e ending physician I Hygiene prior to or other traun	CERTIFICATION	Sequantially list conditione, if sny, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	2.	AS A CONSEQUEN			
SICIAN: The law requires that the deat certificate has been signed by the atte the State Dept. of Health and Mental, or Item 23 shows any Injury,	PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	s contributing to ded	oth but not resul	Iting in the u	ndarlying	cause giv
has Depr	A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEA
AN: The ifficate his State D	SIC	EXAMINER?	HOSPITAL: 1   Inpatient 2   EF	/Outpatient 3 🗆 E	OTHE		5 🗆 Resi
PHY this with with	ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJ 9-13-9(	(bar)	b. TIME OF 2:30AM		RK? ES 2 []X
TOR: A after de 28 ls		3 Suicide 8 Could not be 4 Suicide datarmined	building, etc.	JURY — At home, (Specify) Outs:	ide gar	rage/	shopp
= 25 B	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI					
TO THE HOSPIT TO THE FUNER THE WITHIN	BE	296 AIGNATURE AND TITLE OF CONTIFIE	72/	)	-		29c. LICEN
FFA	2	20 NAME AND ADDRESS OF PERSONALIS	O COMPLETED CALLES	E DEATH (ITEM 27	O (Time Delet)		

32. REGISTRAR'S SIGNATURE

Davidson-Randall

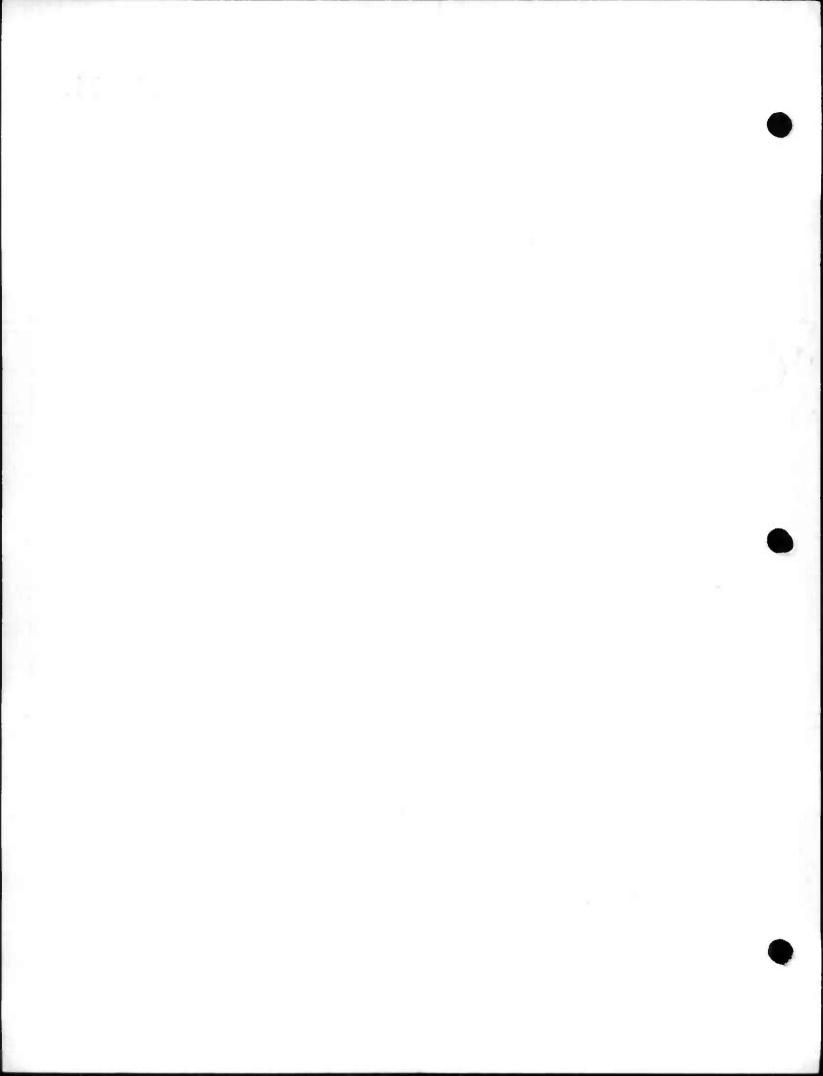
FRANK PERETTI, MD

31. DATE FILED (Month, Day, Year)

'90

STATE OF I		D / DEPAR CERTIF				MEN.	TAL HYGIENI REG. NO.		90	2769	0
						2. D/	ATE OF DEATH	,	YEAR	3. TIME OF DEATH	
	E.		Tillr	nan	l	-	9-13-90	,	TEAR	4:00AM	M
i, SEX	6. AGE (in yr	s. lest birthday)	IF UNDER 1 YE	-	IF UNDER 24 HRS.	7. D/	TE OF BIRTH lonth, Day, Year)		8. BIRTH Count	IPLACE (State or Form	sign
₩ 2 □ F	3	O YAS.	MONTHS DA	WS.	HOURS MIN.		2 01	60		hingto	n,D
t and number)			9b. CITY, TO	WN OF	R LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH	
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•			Y, TOWN OR L		ON					10d. INSIDE CITY LIMITS?	
G.		JUX	on Hi	_	ZIP CODE			10a CITI	ZEN OF	1 XYES 2 1	10
w Driv	TO #	101		100	20745			-	.S.1		
2. WAS DECEDEN			13. WAS			NIC OR	IGIN? (Specify Yea			3 e E — American India:	n.
	YES 2	SHO	If yo	s, spe	cify Cuban, Maxica 2 XNO Specif	n, Pue			Blac	k, White, etc.	
11 120, 0172	ori ori con Le	,	1	120	Z TO Open	<b>,</b> .			B	lack	
TION mpleted)	164	. DECEDENT'S	USUAL OCCU				16b. KIND OF BUS	INESS/IND	DUSTRY		
College (1-4 or 5		life. Do NOT u	se retired.)								
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	1				Was a second		st, Middle, Maiden				
man, S	sr.						Rober				
		The second second	William I amount				lumber, City or Town			20725	
an, Si		5019				, (	linton				
I from State	oth	ner place)			etery, crematory or			CATION -			
SEE	Hari	mony i			1 Park	CII (TV				Maryla	nd
ISEE			42. NA	WE AN	D ADDRESS OF FA	WOILT Y	3447	14t]	h St	. N.W.	
_			W.	Η.	Bacon	Fυ	neral	Home	е		
mplications the st only one ce			not enter the	e mod	ie of dyling, suc	ch aa	cardiec or reapi	ratory en	reat,	Approxima Interval Be Onset and	tween
Gunsho	ot wou	nd to i	face a	nd	chest						
DUE TO	OR AS A CO	NSEQUENCE C	OF):								
OUE TO	OR AS A CO	INSEQUENCE C	OF):								
DIE TY	OR AS A CO	NSEQUENCE C	OF):								
JOE 10	( 70 7 00		· · ·								
										1	
contributing to	o daeth but	not resulting	In the unde	rlying	j cause given in	Part	24a. WAS AN PERFOR	MED?	24	AWAILABLE PRIOR COMPLETION DF COMPLETION DF COF DEATH?	TO AUSE
MORDITAL				26. PL	ACE OF DEATH (C	heck on	ly one)				
HOSPITAL:	☐ ER/Outpatia	int 3 🗆 DOA	OTHER:	Home	5 - Residence	XX	Other (Specify)	Sce	ene		
9-13-	F INJURY	28b. TII 2:	YYRX NO	ic. INJI WO		28d.	Subject				
28e. PLACE building	ate (Specific)	At home, farm,			shoppin		LOCATION (Street City of Town State)			Route Number,	 4ill
						<u> 1                                   </u>				inty, MD	
					and place, and du					(a) and menner as e	leted.
721	11)		-		29c. LICENSE NU	MBER		29d. DA		D (Month, Day, Year)	
COMPLETEO CA	USE OF DEATH	1 (ITEM 27) /Tvn	e, Print)					_			_
)				n s	treet R	a]+	imore M	211	201		
J		1.	II Peni	n S	treet, B	alt	imore, M	) 212	SOT		

DHMH-16 Rev 1/89



	1 - STATE REGISTRAR	SIAIL OF MA	CEF		ICATE (				REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATN			3. TIME OF DEATH
	FRANCES ST	OVER THOM	RNE					SEPT.	1.5	, 19	YEAR	2230 M
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest b	irthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF	BIRTN		8. BIRTN	PLACE (State or Foreign
	212-12-5073D	1 M 2 X F	75	YRS.	MONTHS DA	WB HOURS	MIN.	MAY 3	3, 19	915	Countr	RGINIA
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	WN OR LOCAT	ION OF DE			_	INTY OF D	
OR	P.O. BOX 22, RU	SSELL ROAL	D		VALI	EY LEE	E			SI	. MA	RY'S
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c. CIT	Y. TOWN OR L	OCATION						10d, INSIDE CITY	
DIRECTOR	MARYLAND ST.	MARY'S		V	ALLEY	LEE				LIMITS?		
AL	10e, STREET AND NUMBER					101. ZIP COE	E			10g, CIT	IZEN OF V	VHAT COUNTRY?
FUNERAL	P.O. BOX 22, RUS	SELL ROAD				206	92			U	J.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT E				DECENDENT				or No-	14. RACE	- American Indien, White, etc.
BY	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 X NO			11, 0101)		Speci	
8	15. DECEDENT'S EDUC		16a, DECE	DENT'S	USUAL OCCU	PATION		18b. KII	ND OF BUS	SINESS/IN	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)			work done during se rSERVI		ing					
AP	12		REPRE	SEN	TATIVE			C	& P	TELE	PHON	E
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Midd	lle, Maiden	Surname)		
BE	BENTON THOMAS ST	OVER				MA	MIE	ROLLIN	IS			
6	19e. INFORMANT'S NAME (Type/Print)				ADDRESS (St							
	ROBERT M. CUPP		-		JOYCE			XANDRI	-			
	20e. METHOD OF DISPOSITION    Burlal 2   Cremetion 3   Reme	oval from State	20b. PLACE OF other place	12							City or To	
	4 Donation 5 Other (Specify)	energy (	FAIR	AA 1.	MEMOR	E AND ADDRE		OILITY	F F	AIKFA	X, V	IRGINIA
	Falira M	Bh. 1			BRI	NSFIEL	D FU	NERAL				
	coway IV. I	nun	1		P.C	. BOX	279,	LEONA	ARDTO	WN,	MARY	LAND 20650
	ahock, or heart fellure. Liet only one cause on each line.										Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
FIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQU	ENCE O	if):						<u> </u>	
E	resulting in death) LAST	d										
	PART II. Other aignificent condition	s contributing to de	eath but not rea	ultina	in the under	riving cause	alven in	Part I 24	AA PAW a	AUTOPSY	246	WERE AUTOPSY FINDINGS
S					m are arrae	lying oddeo	given ai		PERFO	RMED?	1	AMAILABLE PRIOR TO COMPLETION DF CAUSE
ED								- 1	YES 2	NO		OF DEATH?
Σ.												1 YES 2 MO
A	25. WAS CASE REFERRED TO MEDICAL					6. PLACE OF	DEATH (Ch	eck only one)		-		/
PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	DOA	OTHER:	Home 5 🗆 F	tesidence	8 Other (S	pecify)			
并	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIR	WE OF 28	c. INJURY AT		28d. DESCR	IBE NOW	INJURY O	CCURED	
BY	1 Netural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4.4	YES 2	□ NO					
	Suicide 8 Could not be determined	28e. PLACE OF I building, etc	INJURY — At home c. (Specify)	e, farm,	street, factory,	office			ON (Street lown, State)		er or Rural i	Route Number,
COMPLETED	contain only	CIAN: To the best of m										s) and manner as stated.
B	296. SIGNATURE AND TITLE OF CERTIFIE	A	=			29c. Li	ENSE NUI	MBER		29d, DA	TE BIGNES	(Month, Pey, Year)
2	SE NAME AND ADDRESS OF TAXABLE WIT	O COMPOSED CAUSE	OF DEATN (ITEM	27) (Тур	e, Print)	7	11/				1/1	1/10
			JEFFERSO			LEONA	RDTO	WN, MA	ARYLA	AND 2	0650	
	31. DATE FILED JOHOND, Day, Year) SEP 1 8 '9(	32. REGISTRAR	S SIGNATURE L. Davidson -	Mano	dell							

attached for use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. MAND 21203-3146 TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be law to the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the propert BALTIMORE DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

FOR

STATE OF MADYLAND / DEDADTMENT OF LIEATTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	CIALE OF MARYLAND	ERTIFIC	ATE OF		MENIAL FIGIENI REG. NO.			
1. DECEDENT'S NAME (First, Middle, List)	HT MATLAMA	OMPSO	N		2. DATE OF DEATH MONTH DA	NY.	YEAR	3. TIME OF OEATH
NUKMIT	CHN	///	MPS	ON		4-	90	6.30 m
	SEX 6. AGE (In yrs. In:	MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country	
214-30-410/	□ M 2 🔯 F 53	YRS.			09-14-19			yland
9a. FACILITY NAME (If not institution, give street			L CITY, TOWN C	R LOCATION OF DE	ATH	9c. COU	NTY OF DE	2. /2
RESIDENCE OF DECEDENT	UD HOSPI	TAC	CX	INTON		/	. 6	- COUNTY
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
Maryland Charle	es	Be1	Alton	n				1 TES 27 NO
100. STREET AND NUMBER			101	. ZIP CODE				HAT COUNTRY?
Box 184 Bel_Alto				2061		U.		Α.
11. MARITAL STATUS 12  1 Never Merried 2 Married	P. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2		If yes, sp	ecify Cuban, Mexica	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No—	Black,	American Indian, White, atc.
3 Wildowed 4 🔀 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2XXXIIIO Specify	<b>'</b> :		Specify	White
15. DECEDENT'S EDUCATION (Specify only highest grade com-	ION 16a. Di	ECEDENT'S US	UAL OCCUPATION	ON et of working	166. KIND OF BUS			
Elementary/Secondary (0-12) C	College (1-4 or 5+)	Give kind of work to Do NOT use re			Souther			
12	Swi	tch B	rd. 0	perator	Hospita		ente	er
17. FATHER'S NAME (First, Middle, Lest)	-1-4				ME (First, Middle, Maiden		امسط	
Alexander Kilins		OF WAILING TO	DDESS /Street s		hy Lucil			ESLY
Robert Alan Thom					lton, Man			20611
20g. METHOD OF DISPOSITION	20b. PLACE	E OF DISPOSITI		netery, crematory or			City or Tox	
1X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	St.M	lary's		Cemeter		port	t, M	aryland
21. SIGNATURE OF FUNERAL SERVICE LICENS	901	1		D ADDRESS OF FA	eral Home	a T	nc	
Michael	O. Kajove	od			aryland		46-(	0567
23. PART I. Enter the diseases, Dr CDm	nplications that coused the d		enter the mo	de of dying, suc	h as cardiac or respi	iratory ar	rest,	Approximata Interval Between
IMMEDIATE CAUSE (Finel	P +			1				Onset and Death
disease or condition resulting in death) a	Mospinelle	1 as	Vih	7		- 1		
00-00-	DUE TO YOU AS A CONSE	N I	wo 1	100	Mot to	lon	gin	
Sequentially list conditions,	DUE TO JOH AS A CONS	EBUENCE OF:	19/1	05 /	wes ro	1100	UV -	
if any, leading to immediate cause. Enter UNDERLYING	Kerren	Plu	ina	, ,				
that initieted events	DUE TO JOH AS A CONSE	HOUENCE OF:	0.	/1	3)			
resulting in death) LAST	rones	ast	ane	41	M			
PART II. Other significant conditions c	contributing to death but not	resulting in	the underlyin	g cause given in			24b.	WERE AUTOPSY FINDINGS
					PERFOR			MAILABLE PRIOR TO COMPLETION DF CAUSE
					_			OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			LACE OF DEATH (Ch	eck only one)			
1   YES 2   NO   1	☐ Inpatient 2 ☐ ER/Outpatient				6 Other (Specify)			
27. MANNER OF DEATH  1  Netural 6  Pending	28e. DATE OF INJURY (Month, Dey, Year)	28b. TIME C	Y WO	JURY AT ORK?	28d, DEŞCRIBE HOW I	INJURY O	CURED	
2 Accident Investigation	28e. PLACE OF INJURY — At h	hama farm etc.		YES 2 NO	201 LOCATION COMM	and Alumb	et as Domit 5	Secreta Advantage
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	nome, term, erre	ret, factory, offic		28f. LOCATION (Street City or Town, State)		or or nurae n	oute Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my knowledge, o	death occurred	at the time date	and place and due	to the causedal and me	nner en et	nted	
TOTAL OTHY	On the basis of examination end/or							) and manner es stated.
296. SIGNATURE AND TIPLE OF CERTIFIER	N 1.	A ./	1.	29c, LICENSE NUI	MINER!	29d. DA	TE SIGNED	(Migratil Diss Hear)
Moun	12/UD x	Hen	ding	1)-21	1535	<b>&gt;</b>	9/2	4190
30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pr	rint)				11	4,
	/							
SEP 2 5 '90	32. REGISTRAR'S SIGNATURE	1- Randel	12°					
	1	1100						

ched for use as the burial-transit permit. Pages 1, 2, 3 should ospital or attending physician.

ND 21203-3146

BALTIMORE, M

TO BE COMPLETED BY FUNERAL DIRECTOR

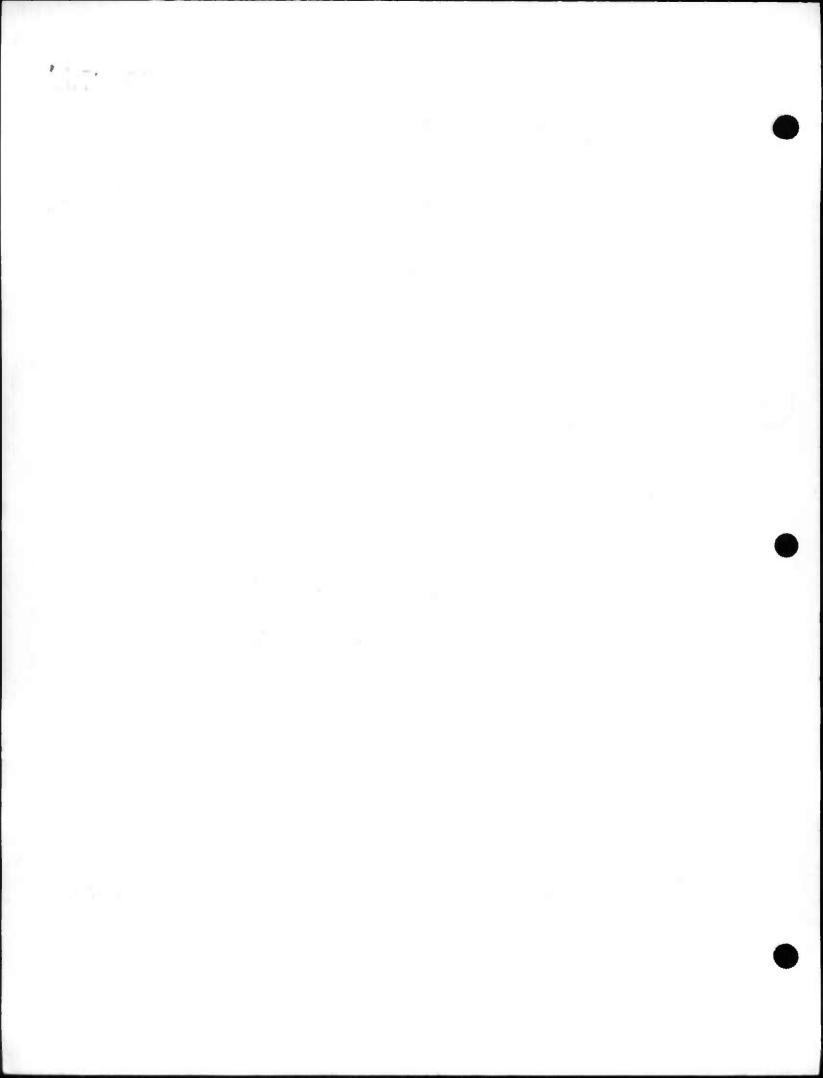
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page it may be it THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

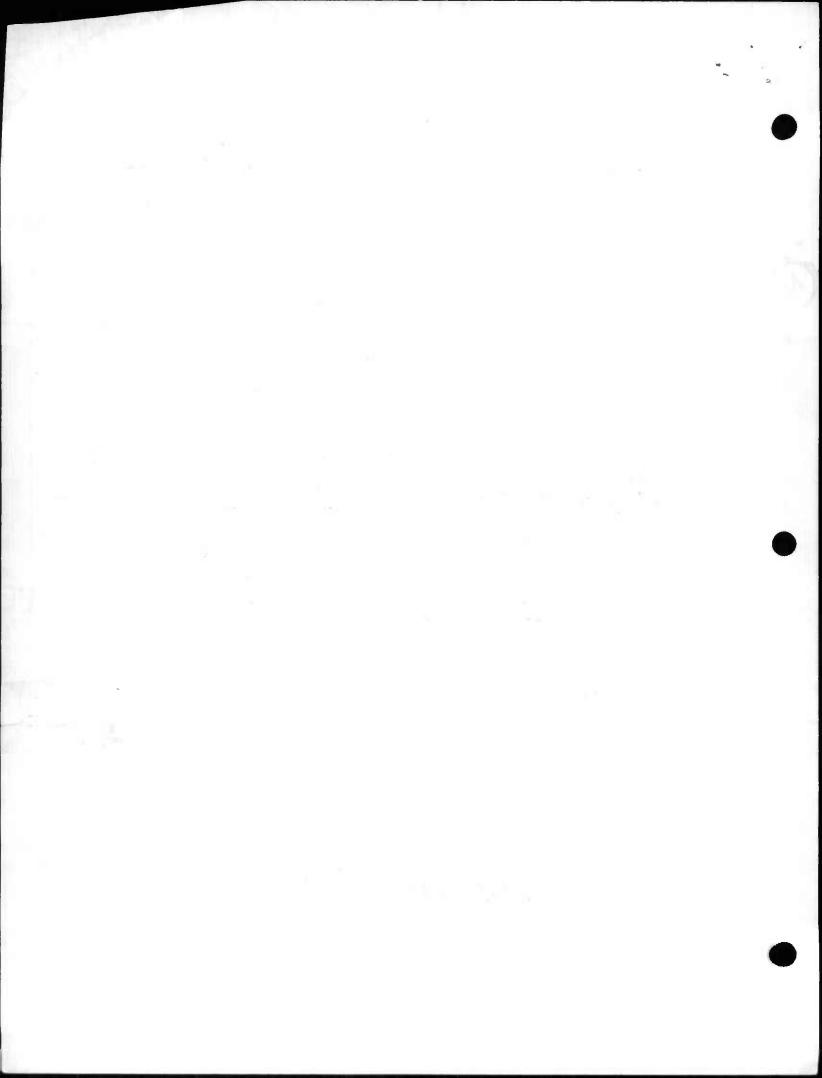


TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fined within 72 hours after death with the State Dent, or Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law i	TO THE FUNERAL DIRECTOR: After this certificate has be to find within 22 hours after death with the State Dent.	IMPORTANT: If item 28 is marked, or item 23 s

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CERTIFI	CATE OF	DEATH	RE	EG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)		141			2. DATE OF D	EATN DAY	YEAR	3. TIME OF DEATH	
í	Herbert Sylvester	r Thomas				Sant	10	199	2.26 PM	
			E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			PLACE (State or Foreign	
	213-30-6950	M 2   F 77		MONTHS DAYS	HOURS MIN.	(Month, Day, 6-5-23	, Year)	MARY	LAND	
<u>"</u>	Se. FACILITY NAME (If not Institution, give street & Kent & Queen Anne Ho	•		Cheste	R LOCATION OF DEAT	eath 9c. county of death Kent			EATN	
8	RESIDENCE OF DECEDENT	30p10u1		3110000		•				
Ä	10e. STATE 10b. COUNTY			, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?	
ä	MD Kent		Mi	llington					1 YES 2 NO	
ا پر	10e. STREET AND NUMBER		•	101	, ZIP CODE		10g.	CITIZEN OF W	HAT COUNTRY?	
FUNERAL DIRECTOR	Chesterville Fore	st Road WAS DECEDENT EVER			21651			USA		
BY FU	11. MARITAL STATUS		ENDENT OF NISPANIC ecify Cuban, Mexican, 2 NO Specify:		or No— 14. RACE — American Indian, Black, While, etc. Specify: Black					
	15. DECEDENT'S EDUCATIO	NA .	16a, DECEDENT'S	USUAL OCCUPATION	NA .	18b KIM	OF BUSINESS	ZIMBLISTOV		
	(Specify only highest grade comp	vieted)	(Give kind of w	ork done during mo	at of working	TOBE KING	O DOSINESS	MOOSINI		
Elementary/Secondary (0-12) Coffege (1-4 or 5+) Carpenter Construction								etion		
Carpenter Constitueer										
COMPLETED	17. FATNER'S NAME (First, Middle, Last)  Wayman Thomas				Lilly E		, Melden Surnan	ne)		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Ro	ute Number, Ci	ity or Town, State	n, Zip Code)		
2	James Thomas			same as				, -,,	ŀ	
	20e. METHOD OF DISPOSITION	Ι.	20b. PLACE OF DISPOS				200 LOCATION	N . Othy or Tor	un State	
	Burlel 2 Cremation 3 Removal	from State	other plecel	oury Cen		Chesterville, MD				
	21. SIGNATURE OF NUMERIAL SERVICE LICENSE	11			WS Funera		9			
	*Xary B. I	ellow	5		. Cypress			noton	MD 21651	
	23. PART I. Entar the diseasea, or companies, or heart failure. List								Approximate Interval Batween	
	IMMEDIATE CAUSE (Finel disease or condition	CMA	1011-	MI		410	200	_	Onset and Death	
H	resulting in death)									
z	probable acute MI									
CERTIFICATION	If any, leading to immediate cause, Enter UNDERLYING	DUE TO (OF A	A CONSEQUENCE OF	11.	11.	111				
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OF A	S A CONSEQUENCE OF		erce	in	·			
	resulting in death) LAST									
	PART II Other cignificant conditions of		h	and the second control of						
4	PART II. Other algnificant conditions co	minouting to death	but not resulting	n the underlyin	g ceuse given in P		. WAS AN AUTOI PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
8	Deve	re of	resul	7		10	YES 2 N	ō	OF DEATH?	
WE						_			1 TYES 2 NO	
÷ l										
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Chec	ck only one)				
SIC	111	OSPITAL:	Autpatient 3 DOA	OTHER: 4  Nursing Non	ne 5 🗆 Residence 6	Other (Sp	ecify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE OF INJUR	Y 26b. TIM	E OF 26c. IN.	IURY AT		BE NOW INJURY	OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	r) INJ		YES 2 NO				_	
	3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, s specify)	street, factory, offic	•	281. LOCATIO	N (Street end Nu wn, State)	imber or Rural f	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) MEDICAL EXAMINER OF								) and manner as stated.	
BE C	29h. SIGNATURE AND TITLE OF CERTIFIER	Muse	MAN		29c LICENSE NUME	) (Z[	29d.	DATE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PURSON WHO CO	MPLETED CAUSE OF	BEATH (ITEM 27) (Type,	Print)	11/02	10 1	2 1	)		
	Chesterto	No m	a - 2	620	HA	414	1. K	(0.25		
8	SEP 14 90	32. REGISTRAR'S S	MASON-Randa	D.						



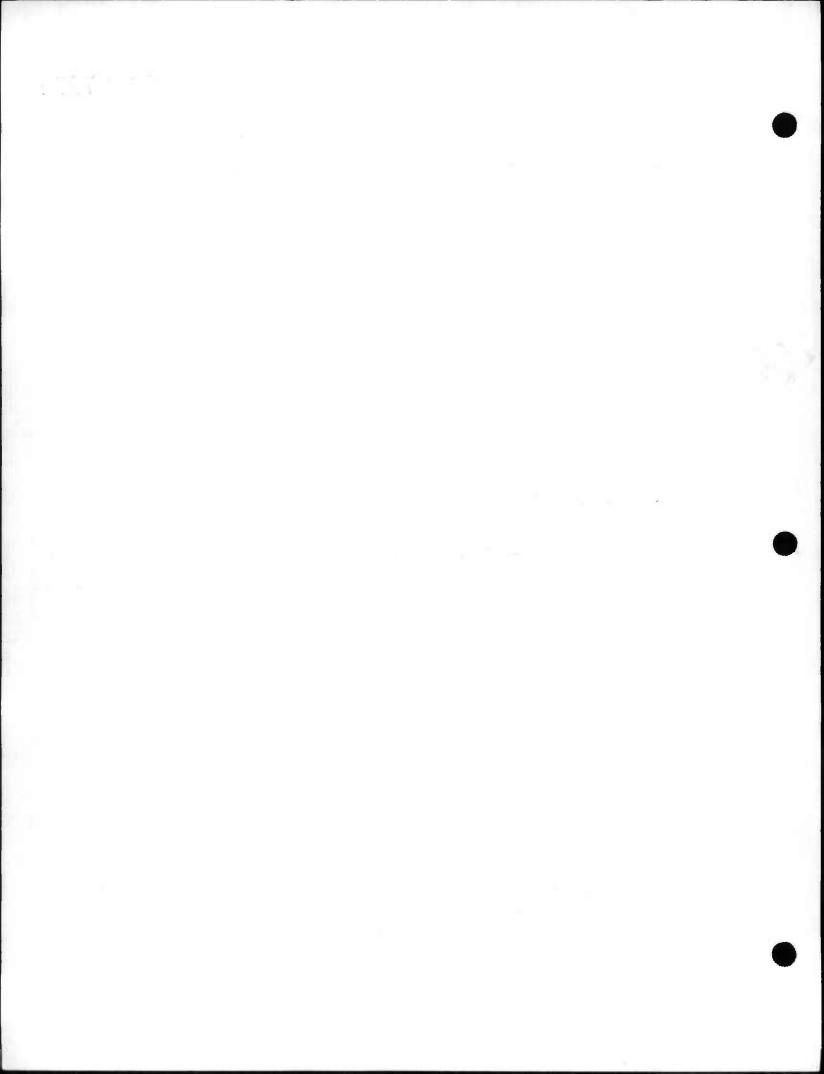
etending physician.

as the burial-transit permit, Pages 1, 2, 3 should

203-3146

DOB: 03/12/1943

	FOR 1 - STATE REGISTRAR		STATE OF M		) / DEPAR					MENT	AL HYGIEN		90	27694
	1. DECEDENT'S NAME (First,	Middle, Last)			1					2. DA	TE OF DEATH	AY	YEAR	3. TIME OF DEATH
	DOREEN		М.			USE	_			-	7-19		90	0130 V
	4. SOCIAL SECURITY NUMB		5. SEX 1 M 2 F	6. AGE (In yrs	MONTHS	DAYS	HOURS	MIN.		R. 12,	943	Country	PLACE (State or Foreign JERSEY	
_	9a. FACILITY NAME (If not in	_				9b. CITY,			ON OF DE	ATH		9c. COL	INTY OF DE	ATH
TOF	Peninsula G		l Hospita	11		Sa	lis	bury				1	Wicom	ico
DIRECTOR	MARYLAND	WOR	CESTER			Y, TOWN OF		ION						10d. INSIDE CITY LIMITS? 1 YES 2 ANO
	10e. STREET AND NUMBER				10t	. ZIP COO	E			10g. CI1	IZEN OF W	HAT COUNTRY?		
ER.	PO BOX 521							21	811				USA	A
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		11	yes, sp		in, Mexica	n, Puerl	GIN? (Specify Ye to Rican, etc.)	n or No—	14. RACE Black Specif	— American Indian, , White, etc. y: WHITE
<b>G</b>		EDENT'S EDUC		16a	DECEDENT'S	USUAL OC	CUPATIO	ON at of works	00	-1	6b. KINO OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u		unng mo	ST OF WORK	ng			NON	F	
OMI	UNKNOWN  17. FATHER'S NAME (First, M		UNKNOWN		NO	NE		18. MOT	HER'S NA	ME (Firs	I, Middle, Maiden			
BE C	1	UNKNOW	N							UNK	NOWN			
TO B	19a. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS	(Street a	nd Numbe	r or Rural	Route No	ımber, City or Tov	vn, State, Z	ip Code)	
F	RUTH TOWNSE				502 W			_	_	URY	,	21801		
	1 □ Buriet 2 (X) Cremetio	De. METHOD QE DISPOSITION 9/22/90  Burlet 2 \( \Delta\) Cremetion 3 \( \Delta\) Removal from State  Donation 5 \( \Delta\) Other (Specify)  SAL LSB					SISTION (Name of cometery, cremetory or SALISBURY,							
	21. SIGNATURE OF FUNERA	L SERVICE LIC	Acado	væs		HC	)LLO	WAY		RAL	HOME,		MD	21801
PHYSICIAN: MEDICAL CERTIFICATION	23. PABT I. Enter the disease or condition resulting in death)  Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significa	lona, diata	a. He oue To	OR AS A CON	NSEQUENCE C	relia Por: ba	ue.	2 Cale	áin			N AUTOPSY RMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 YES 2 NO
IAN	25. WAS CASE REFERRED T	O MEOICAL					26. PI	ACE OF	DEATH (C)	eck only	one)			
rsic	EXAMINER?		HOSPITAL:	☐ ER/Outpatier	nt 3 🗆 DOA	OTHER 4 - Nurs		10 5 □ R	asidance	8 🗆 o	ther (Specify)			
		Pending trivestigation	28e. DATE Of (Month, L		28b. TII	ME OF JURY M		URY AT ORK? YES 2 (	□ NO	28d. (	DESCRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident 3 Suicide 8 4 Homicide	Could not be determined.		OF INJURY — A atc. (Specify)	At home, term,	street, facto	ory, offic	a			OCATION (Street lity or Town, State		er or Rural F	Route Number,
COMPLETED	CONSTRUCTION OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF TH		ICIAN: To the best of											) and manner es atated.
8	29b. SIGNATURE AND TITLE	OF CERTIFIE	6 91	/sC	) u	D		29c. LIC	ENSE NU	MBER 2/1	9	29d. DA	TE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETEO CAL	SE OF DEATH	TEM 27) (Typ	e, Print)	-		, , ,					
2	31. DATE FILED (Month, Day, SEP 26	Year) 90		AR'S SIGNATUI	RE CONTRACTOR	-								



		REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
		ERITIA G.	rma Gertrud		2. DATE OF DEATH DAY	GEAR 1020 PM
6.	1	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M 2 🔀	F 83 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS IONTHS DAYS HOURS MIN.	08 13 1907	8. BIRTNPLACE (State or Foreign Country) Maryland
(1)	10	Be. FACILITY NAME (If not institution, give street and number) WILLIAM HILL HEALTH	bere Center !	Cambridge	DEATN 9c. C	DOR,
- 2	EC	RESIDENCE OF DECEDENT  106. STATE  106. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
mit. Pg.	DIRECT	Maryland Dorchester	r (	Cambridge		LIMITS? X ▼ YES 2 □ NO
n. ansit permit	FUNERAL	310 Crusader Road	£	10f. ZIP CODE 21	613	U.S.A.
1203-3146 or attending physician. rr use as the burial-transit	B	1 Never Married 2 Married FORCES?	DENT EVER IN U.S. ARMED  1 YES 2 YNO VE WAR OR DATES	13. WAS DECENDENT OF NISI If yes, specify Cuban, Max 1 ☐ YES 2 ☑ NO Spe		- 14. RACE — American Indian, Black, White, etc. Specify: White
21203-3146 ital or attending phys I for use as the buri	COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 o	Iffe. Do NOT use	rk done during most of working retired.)	16b. KIND OF BUSINESS	/INDUSTRY
AND 2: the hospital detached to	MP S	7	homer	maker		
A de de de		17. FATHER'S NAME (First, Middle, Last)	Walter		NAME (First, Middle, Maiden Surnam ry Smith	·e)
MARYL, retained by 8 5 should be		Christopher tea. INFORMANT'S NAME (Type/Print)			al Route Number, City or Town, State	Tin Code)
MARYLAND  e retained by the hose  5 should be detache	TO BE	Reginald C. Todd				s Head MD21672
0 6 6	nusi ne	20a. METHOD OF DISPOSITION 13. Burisl 2 Cremation 3 Removal from State 4 Donation Donation	20b. PLACE OF DISPOSIT	TION (Name of cometery, cremetory of er Memorial	20c, LOCATION	ridge Md.
ALT funera	CYAMINE	21, SIGNATURE A FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF	Thomas	Funeral Home
thin cours afti	and money	23. PART J Enter the diseases, or complications shock, or heart fellure. List only one IMMEDIATE CAUSE (Final disease or condition resulting in dasth)		et anter the mode of dying, a	uch as cerdlec or reepiretory	
O. BOX certificate be ding physician tygiene prior u		Sequantielly list conditions, if any, teading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ETO (OR AS A CONSEQUENCE OF):	:		
CORD  ulres that th  signed by thealth and	MEDICAL CE	PART II. Other algorificent conditions contributing	g to deeth but not resulting in としけいら	the underlying cause given	In Part I. 24s. WAS AN AUTOF PERFORMED? 1 YES 2 XNC	AMAILABLE PRIOR TO
L RE law request has been bept. of						
At the ste h	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	:	26. PLACE OF DEATH	(Check only one)	
OF PHYSIC BE WITH THE	PHY	27. MANNER OF DEATN 28a. DATE		OF 28c, INJURY AT	28d. DESCRIBE NOW INJURY	OCCURED
ON After death	TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide detarmined	CE OF INJURY — Al home, farm, sti sling, etc. (Specify)		281, LOCATION (Street and Null City or Town, State)	mber or Rurel Route Number,
DIN TAL OR TAL DIRI 72 houn	MPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the berian				stated. to the cause(s) and manner as stated.
물 물 물	BE	296. SIGNATURE AND TITLE OF CERTIFIER MOST	lewix 10	29c. LICENSE I	-6	DATE SIGNED (Mprith, Day, Year) 9/21/50
X	10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED MICHAEL A. MOSKES	CAUSE OF DEATH ITEM 27) (BPO, 1)	503 B46	EN ST. CAI	MBRING 24613
		31. DATE FILED (MODIF), Day, Your) 24 '90 32. REGIS	icha Davidson-Randa	82_		

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within another after death. Page 6 may be retained by the hospital as attention process.	urs after death. Page 6 may be retained by the houpital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funtal-frants permit. Page be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	in by the funeral director, page 5 should be detached for use as the funial-ment permit. Page removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ones.	edical examiner must be notified at once.

DECEDENT'S NAME (First, Middle, Last     Virgini     SOCIAL SECURITY NUMBER     218-03-3169	)												
4. SOCIAL SECURITY NUMBER								2. DATE O	D.	N.	3. TIME OF DEATH		
	a M. Und	erwood	rood					Sept. 26, 1990 6:30					
218-03-3169	5. SEX	6. AGE (In yrs. les		IF UNDER 1		IF UNDER		7. DATE O	F BIRTH Day, Year)	1	BIRTHPLACE (State or Foreign Country)		
	1 M 2 X F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	June	29,	1919	Maryland		
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	TOWN O	R LOCATIO	ON OF DE				Y OF DEATH		
St. Agnes Hospi	- 1	Baltimore City											
RESIDENCE OF DECEDENT	- CGL			243		-	,						
10e. STATE 10b. COUN			TOWN OR		ION					10d, INSIDE CITY LIMITS?			
MD Bal	timore		Ba:	ltimo	ore						1 X YES 2 NO		
10e. STREET AND NUMBER		-	101, ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?				
811 Seckel Cou		21227							U.S.A.				
11. MARITAL STATUS	TEVER IN U.S.AR				ENDENT OF HISPANIC ORIGIN? (Specify Ye			(Specify Yes	or No-	4. RACE - American Indian,			
1 Never Married 2 Married	YES 2 X A						can, etc.)		Black, White, etc.				
3 Wildowed 4 Divorced						X	.,,				Specify: White		
15. DECEDENT'S ED (Specify only highest gra	16a, DE	CEDENT'S U	SUAL OCC	CUPATIO	N of searchin		16b. I	IND OF BU	SINESS/INDU	STRY			
Elementary/Secondary (0-12)	)	ve kind of wo Do NOT use				vy .							
Grade - 12	None	I	Receiving Clerk						ears 1	Dept.	Store		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden Surne							mame)		
William Pi	tts					M	[ildr	ed	(	Owens			
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural I	Route Numbe	r, City or Tow	n, State, Zip C	Code)		
William Underwo	od	1	511 St	tanho	ome	Dr.,	Gler	Bur	nie Ma	arylar	d 21061		
20# METHOD OF DISPOSITION		20b. PLACE							_		ty or Town, Stata		
1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	other pla	ece)					- L			more, Maryland		
21. SIGNATURE OF FUNERAL SERVICE		Moreland Mem. Park Baltin							more, Haryranc				
011		,	22. NAME AND ADDRESS OF FACILITY Kirkley Funeral Home							al Home			
Robert 1	Lucione	1 Treky								rnie M			
disease or condition resulting in death)  A CONSEQUENCE OF):  Buss And Consequence OF):  Buss And Consequence OF):  Due to (or as a consequence OF):  Due to (or as a consequence OF):											years.		
that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  reaulting in deeth) LAST  d.													
PART II. Other algnificant conditi	one contributing to	death but not i	eaulting Ir	the und	ierivina	COUSA	olven in	Part I	24s. WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDINGS		
									PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO		
				OTHER	_	ACE OF D	EATH (Ch	eck only one	)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL			OTHER		• 6 🗆 R	esidenca	6 Other	(Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:	XER/Outpatient 3		4 Nursi					(//				
EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH		INJURY		OF :	25c. INJ WO	URY AT		28d. DE\$		INJURY OCC	PRED		
EXAMINER?  1 YES 2 X NO	1 Inpatient 2 D	INJURY	26b. TIME	OF :	25c. INJ WO	URY AT	] NO	28d. DE\$(		INJURY OCCI	PRED		
EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  Partial 6 Pending	1   Inpatient 2   26a. DATE OF (Month, D	INJURY	26b. TIME	OF JRY M	25c. INJ WO 1 🔲	URY AT PRK? YES 2 [	] NO	28f. LOCA	RIBE HOW	and Number of	PRED or Rural Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Accident  2 Accident  3 Sulcide  4 Homicide  29a. CERTIFIER  CERTIFYING PHY	26a. DATE OF (Month, L) 26a. PLACE C building,	INJURY ey, Year)  IF INJURY — At ho etc. (Specify)  my knowledge, de	26b. TIME INJU	OF JRY M treet, facto	25c. INJ WO 1 ry, offic	URY AT IRK? YES 2 [	, and due	26f. LOCA	TION (Street r Town, State	and Number o	or Rural Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Accident  2 Accident  3 Sulcide  4 Homicide  29a. CERTIFIER  CERTIFYING PHY	26a. DATE OF (Month, December 26a. PLACE Of building, TSICIAN: To the best of NER: On the basis of a	INJURY ey, Year)  IF INJURY — At ho etc. (Specify)  my knowledge, de	26b. TIME INJU	OF JRY M treet, facto	25c. INJ WO 1 ry, offic	URY AT PRICE 2 [ and place leath occu	, and dua red at the ENSE NUI	26f. LOCA City of to the cause time, data	TION (Street Town, State	and Number o	or Rural Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  F Netural 8 Pending Investigation 3 Suicide 4 Could not be determined  29a. CERTIFIER CERTIFYING PHY  COUNTY OF THE PROPERTY OF TH	26a. DATE OF (Month, December 26a. PLACE Of building, TSICIAN: To the best of NER: On the basis of a	INJURY ey, Year)  IF INJURY — At ho etc. (Specify)  my knowledge, de	26b. TIME INJU	OF JRY M treet, facto	25c. INJ WO 1 ry, offic	URY AT PRICE 2 [ and place leath occu	, and dua red at the ENSE NUI	26f. LOCA City of to the cause time, data	TION (Street Town, State	and Number of	d. cause(a) and manner as stated. SIGNED (Month, Day, Year)		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  F Netural 8 Pending Investigation 3 Suicide 4 Could not be determined  29a. CERTIFIER CERTIFYING PHY  COUNTY OF THE PROPERTY OF TH	26a. DATE OF (Month, December 26a. PLACE Of building, Critician: To the best of NER: On the basis of a	INJURY ey, Year)  IF INJURY — At he etc. (Specify)  my knowledge, de xamination and/or	28b. TIME 28b. TIME INJU  pme, farm, si	M :	25c. INJ WO 1 ry, offic	URY AT PRICE 2 [ and place leath occu	, and dua red at the ENSE NUI	26f. LOCA City of to the cause time, data	TION (Street Town, State	and Number o	d. cause(a) and manner as stated. SIGNED (Month, Day, Year)		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  A Netural S Pending Investigation 3 Suicide S Could not be distarmined  29a. CERTIFIER CERTIFYING PHY  Chack DAY  29b. SIGNATURE AND TITLE OF CERTIF	26a. DATE OF (Month, December 26a. PLACE Of building, To the best of NER: On the basis of a NHO COMPLETED CAU	INJURY ey, Year)  IF INJURY — At he etc. (Specify)  my knowledge, de xamination and/or  SE OF DEATH (ITE	DOA  26b. TIME INJU  me, farm, si  seth occurre- investigation  M 27) (Type,	OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF SET OF	25c. INJ WO 1 Try, officers, officers, determined	URY AT PRK? YES 2 [ and place   and place   29c. LIC	n, and dua red at the ENSE NUI	26f. LOCA City of to the cause time, data	TION (Street Town, State)  (a) and mand place, as	and Number of	d. cause(a) and manner as stated. SIGNED (Month, Day, Year)		

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_	1 - STATE REGISTRAR	OINIE OF MAINE		TIFICATI		DEATH	REG.	NO.	_					
	1. DECEDENT'S NAME (First, Middle, Last)	, Jacob W							YEAR 3.	TIME OF DEATH				
	Jacob Van De						9	17	90	10:15				
	4. SOCIAL SECURITY NUMBER				1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign				
į	221-10-8895A  9e. FACILITY NAME (If not institution, give		69	YRS.			3-20-		Mary					
_		,	h a h	in.		OR LOCATION OF DE			ITY OF DEAT					
	Bel Forest Nu	ising a ker	nab.	ctr.	FC	orest H	111	Ha	arfor	:a				
	10e. STATE 10b. COUNT	Y	10	Dc. CITY, TOWN		TION			10	d. INSIDE CITY LIMITS?				
- 1	MD Ced	il	n	150.00			1	YES 2 X NO						
וסווכווער	10e. STREET AND NUMBER				101	f. ZIP CODE		10g. CITI	ZEN OF WHA	T COUNTRY?				
	2119 Blue Ball					21921			USA					
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 X YES	2 NO		If yee, sp	CENDENT OF HISPAN Hecify Cuben, Mexico	n, Puerto Rican, etc		Black, W	Americen Indien, /hite, etc.				
	3 Widowed 4 Divorced	World War			1 [] YES	2 NO Specify	r:	Specify:	White					
	15. DECEDENT'S ED (Specify only highest grad	JCATION		ENT'S USUAL O			16b. KIND O	F BUSINESS/IND	USTRY					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do	and of work done NOT use retired.)	gunng mo	ast of working								
	7		Tr	uck Dr	ver		Tran	sportat	ion					
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Mi							
	Louis B.	Van Den He					Henriet		neide	rs				
	19a. INFORMANT'S NAME (Type/Print) Pauline H Hall					and Number or Rural i all Road				21				
		03 3000 20				metery, cremetory or		ton, MD						
	20a. METHOD OF DISPOSITIONS 1 Properties 2 Cremation 3 Had		other place)											
	21. SIGNATURE OF FUNERAL SERVICE L		nerry		11 Methodist Cemetery   Cherry Hill, Maryland									
	Hicks Home for Funerals, P.A.  Bow and Stockton Streets													
-	Jonald	1. Hicks			Elk	ton, MD	21921							
	23. PART i. Enter the diseases, or shock, or haert failure	List only one cause on o		i. Do not anta	tha mo	oda or dying, suc	n as cardiac or	respiratory sri	est,	Approximata interval Batween				
	IMMEDIATE CAUSE (Fine) disease or condition									Onset and Deati				
ŀ	resulting in deeth)  OUE TO (OR AS A CONSEQUENCE OF):													
	_				)					İ				
	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):													
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated events	OUE TO (OR AS	A CONSEQUE	NCE OF):										
Ĭ,	resulting in death) LAST													
1	PART II. Other significant condition	na contributing to daeth	but not resu	ulting in the U	ndarlyln	ig cause given in		AS AN AUTOPSY		ERE AUTOPSY FINDINGS				
1	AVA	NIDOM ,	ASCI	10				COMPLET		MILABLE PRIOR TO OMPLETION OF CAUSE				
ME		linkhun					_   ' ' '	20 2 110		F DEATH?				
		Your					_							
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C)	eck only one)							
5	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	tpatient 3 🗆	DOA 4 DANG		me 5 - Residence	6 Other (Specify	y)						
	27. MANNER OF GEATH	28e. DATE OF INJURY (Month, Day, Year)	2	8b. TIME OF INJURY		JURY AT ORK?	28d. OESCRIBE	IOW INJURY OC	CUREO					
	1 Natural 5 Pending 2 Accident Investigation			М		YES 2 NO								
	3 Suicide 8 Could not be	28e. PLACE OF INJUR building, atc. (Spi	tY — At home, ec/fy)	, form, street, fo	tory, offic	Ce	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
	4 Homicide determined													
!	(Oriota oriny	SICIAN: To the best of my know												
COMPLETED	2 MEDICAL EXAMI	IER: On the basie of examinati	ion end/or inve	atigation, in my	opinion,	death occured at the	time, data end pla	ce, end due to ti	ne cause(e) e	nd manner ee stated,				
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER				29c. LICENSE NU				lonth, Day, Year)				
2	Javal 5. D	4				U35.	299	▶ Se	pt. 1	9, 1990				
-	30. NAME AND AODRESS OF PERSON W				20	D = 1	7	21014						
	0AU.D 5. D	32. REGISTRAR'S SIR	1 Bel	AIRel	8	ReT	Air, MD	21014						
	31. DATE FILED (Month, Day, Year) SFP 2 1 '9'	32. HEGISTRAN'S SIM	au alen	Manawa										
	SEP 21 '9'	1												

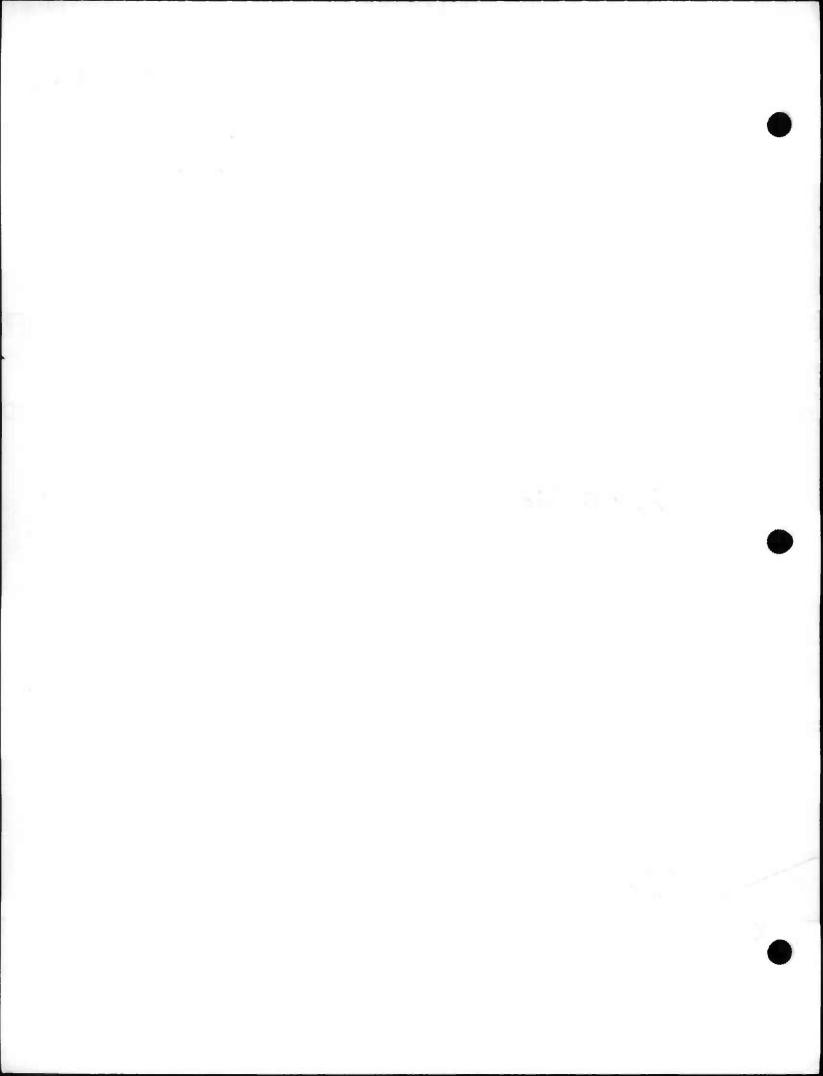
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	es 1, 2, 3 should	
PA	- Page	
	cia trans per	
BALTIMORE, MARYLAND 21203-3146	2-mours after death. Page 6 may be retained by the hospital or attending phy filled in by the funeral director, page 5 should be detached for use as the buntlen, or remotical examiner must be motified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn trains per 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Member Physician and completely filled in by the funeral director, page 5 should be detached for use as the burn trains per 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Member Thompson to removal.	INCOMEND IN THE LO IS HIGHERY, OF NOTH TO SHOWS AND INJURY, OF COMES COMES

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH											3. TIME OF DEATH			
ľ	Kath	lliams					Sept. 15, 1990			7:00 A M					
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yr	s. last birthday	nt birthday) F UNDER		EAR IF UNDER 24 HRS.		7. DATE OF BIRTH		8. BIRTHPLACE		IPLACE (State or Foreign	
	220-50-6293		1 M 2 X F	4:	5 YRS.	MONTH	S DAYS	HOURS	MIN.	(Month, Day, Year) Dec. 7, 1		944	44 Georgia		
	9a. FACILITY NAME (If not in-		9b. C	TY, TOW	N OR LOCAT	ION OF DE		., _		NTY OF D					
5	19012 Her:			Bro	okevi.	lle			Mon	tgom	erv				
5	RESIDENCE OF DEC									- J	*				
DIRECTOR	10a. STATE 10b. COUNTY					D							10d. INSIDE CITY LIMITS?		
<u>a</u>	Maryland Montgomery						Brookeville						1 TYES 2 NO		
₹ I	10e. STREET AND NUMBER			10f. ZIP CODE							WHAT COUNTRY?				
삘	19012 Herit			20833						United States					
FUNERAL	11. MARITAL STATUS 1 □ Never Merried 2 ☑ Married 12. WAS DECEDENT EVER IN U.S. ARR FORCES? 1 □ YES 2 ☑ M IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yer If yes, specify Cuban, Maxican, Puerto Rican, etc.)					s or No— 14. RACE — American Indian, Black, White, etc.			
<u>M</u>	3 Widowed 4 Divo	3	1 ☐ YES 2½XNO Specify: Specify:						White						
	15. DEC	a. DECEDENT	C HOHAI	OCCUBA	TION		145 MIN	O OF BUS	SINESS/INI	DUCTOV					
1	(Specify only	highest grade	completed)		(Give kind o	f work do	one during	most of work	ing	100. KIN	O OF BOS	SINESS/INI	DUSTRI		
٦١	Elementary/Secondary (0	-12)	College (1-4 or 5	+}	Own						Clear	ning	Ser	vice	
COMPLETED	17. FATHER'S NAME (First, M	iridia Lasti			OWI			18 MO	HER'S NA				Der	VICC	
	Andrew Jose		elsky			18. MOTHER'S NAME (First, Middle, Maiden Surname)  Opal Moore									
BE	19a. INFORMANT'S NAME (7	£-	CIONY		19b. MAILIP	IG ADDR	ESS (Street	et and Numbe		Route Number, (		n. Stute. Zi	o Codel		
2	Huw Will				-1 200		C PART COLOR			THE WALLEY		7.7		e, MD 20833	
	20a. METHOD OF DISPOSIT			20b. Pt	ACE OF DISP			_		DIIVC	_			own, State	
	14 Burlal 2 Crematic	n 3 🗆 Ram	oval from State	ot	er place) El Sh										
	21. SIGNATURE OF FUNERA		ENSKE)		<u> </u>		22. NAME	AND ADDR	ADDRESS OF FACILITY						
	Robert A. Pumphrey Funera 300 West Montgomery Avenu									ral I nue 850-2	al Home/Rockville, ue Inc.				
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate														
	IMMEDIATE CAUSE (Fir		List only one ce	use Dri eecr	ı iine.									Interval Between Onset and Death	
	disease or condition	espira	tory	corv Arrest											
	e. Cardio-Respiratory Arrest  Due TO (OR AS A CONSEQUENCE OF):														
z	The same of the same of the same		b. Del	ydrat.	ion/Me	tabo	olic	Imba	lance	е					
CERTIFICATION	Sequentielly list condit if any, leeding to imme		DUE TO	OR AS A CO	ONSEQUENCE	OF):									
CA	cause. Enter UNDERLY CAUSE (Disease or init		G-		ic Rec		ent	Cance	r						
E	that initiated events		DUE TO	OR AS A CO	ONSEQUENCE	OF):									
ER	resulting in death) LAS	'	d												
	PART II, Other algnifica	nt condition	na contributing to	death but	not reaultin	g in the	underly	ing cause	given in	Part I. 24		AUTOPSY	24	b. WERE AUTOPSY FINDINGS	
MEDICAL											PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE	
E	1 TYES 2 X NO DI										DF DEATH?				
										-				1 YES 2XXNO	
AN	25. WAS CASE REFERRED T	D MEDICAL					26	PLACE OF	DEATH (C)	neck only one)					
2	EXAMINER?		HOSPITAL:	□ EB/Outcoll	0 7 004		HER:			, , , ,					
PHYSICIAN:	27. MANNER OF DEATH	:	28a, DATE O			IME OF		INJURY AT	rasidence	6 Other (S		INJURY O	CCURED		
		Pending	(Month,	Day, Year)		NJURY		WORK? YES 2	□ NO						
ВУ	2 Accident 3 Suicide	2 Accident Investigation								281. LOCATION (Street and Number or Rural Route Number,				Floure Number	
ED	4 Homicide	)		,,			City or Town, State)								
Ħ.	29a, CERTIFIER		1	-		-				1					
MP	(Check only 1 CHINTING PITSICIAN: IO the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
COMPLETED	2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.														
BE	290 LICENSE NUMBER 290 DATE SIGNED (M 290 LICENSE NUMBER 290 DATE SIGNED (M 291 D										D (Month, Day, Year)				
5	20 NAME AND ADDRESS	E DEDECOM	THE COMPLETE	105.05.05	U (ITEM 45 -								41	3/10	
	30. NAME AND ADDRESS O									W= 7		27.0	105		
	Michael D.	14						sarti	nore,	Mary	land	212	203		
	31. DATE FILED (MORIDE POR YOUR SON SON SUNATURE GUILLE POR YOUR DAY OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PORT OF THE PO														



Rernard A SOCIAL SECURITY NUMBER

5 SEY

Wachter

6. AGE (In yrs. lest birthdey)

4:30 AM

2. DATE OF DEATH MONTH Sept. 18, 1990

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signed by the attending physician Health and Mental Hygiene prior to

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certificate to the State

this c marked.

After t

DIRECTOR: A hours after d .09

HOSPITAL FUNERAL within 72 I

prior to

BALTIMORE, MARYLAND

executed within BOX 13146, certificate be o the death of ۵. RECORDS, AMP. OR ATTENDING PHYSICIAN: The OF

IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1XXM 2 □ F 62 YRS. 191-20-5978 Jan. 21, 1928 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 7029 Sulky Lane Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Rockville 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 7029 Sulky Lane 20852 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 TES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced 1946-1947 White COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use ratired.) 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Editor/Consultant Waste Engineering 5+ 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George Wachter Catherine Chenk BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Adrienne M. Wachter 7029 Sulky Lane, Rockville, Maryland 20852 20e. METHOD OF DISPOSITION
1 □ Burial 2 🛣 Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) Montgomery Crematorium. Bethesda, Maryland Inc. Robert A. Pumphrey Funeral Home/Rockville, 300 West Montgomery Avenue Inc. Rockville, Maryland 20850-2805 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Sound M00198 Kab 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory street, shock, or heert fellure. List only one cause on each line. nterval Between Onset and Dasth IMMEDIATE CAUSE (Final disease or condition___ INFARCTION M VO CAR DI AL.
DUE TO (OR AS A CONSEQUENCE OF): ACUTE resulting in deeth) ARDIO VASIUMAR KTERIOSCLEROSEL NDET CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL IMBETES 1 ☐ YES XX NO OF DEATH? HYPERTENSIO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA XX YES 2 NO rsing Homa KX Residence 8 - Other (Specify) 4 🗆 Nu 27. MANNER OF OEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED XX Naturel DEAD 5 Pending BEB 18-90 M 1 YES 2 700 ΒY Investigation 2 Accident 28s. PLACE OF INJURY — At home, farm, strest, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, 3 Suicide 0 6 Could not be determined 4 Homicide H 29a, CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. XX MEDICAL EXAMINER: On the basis of examination and/or fon, in my opinion, daeth occured at the time, data end place, and due to the cause(s) and manner as stated. 206. SIGNATURE AND THEE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D07099 ▶ Sept. 18, 1990 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) Francis C. Mayle, M.D., 8200 Wisconsin Avenue, Bethesda, Maryland 20814 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Randoll OHMH-15 Rev 1/89

TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

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30 NAME AND ADDRESS OF PERS

31. DATE FILED (MONTH, Day, No.

Dr. Ralph M.

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ending physician.

BALTIMORE, MARY

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T.C. BOX 13140	he law requires that the death certificate be execu
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH September 18, 1990 9:30 AM Alvin Theodore White 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 6. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. March 9, 1913 DAYS HOURS Maryland 363-03-2939 1 3/M 2 5 F YRS 9e. FACILITY NAME (If not institution, give street and number) 90 COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Maryland Montgomery Bethesda 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8204 Kentbury Drive 20814 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. FORCES? 1X YES 2 IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 🕅 Widowed 4 🗌 Divorced White WW II COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Wholesale Hardware Salesman 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surneme) Alexander White Eva Morris BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Stephen A. White 6731 Greentree Road, Bethesda, Maryland 20817 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Gate of Heaven Cemetery Silver Spring, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE

Robert A. Pumphrey Funeral Home/
Bethesda-Chevy Chase, Inc.
7557 Wisconsin Ave. Bethesda. MD

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, MD 20814-3501 Approximate interval Batween ahock, or heart fellure. List only one ceuse on each line. Onset and Death IMMEDIATE CAUSE (Final disease or condition_ Pneumonia reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pemphiqus CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST MEDICAL PHYSICIAN:

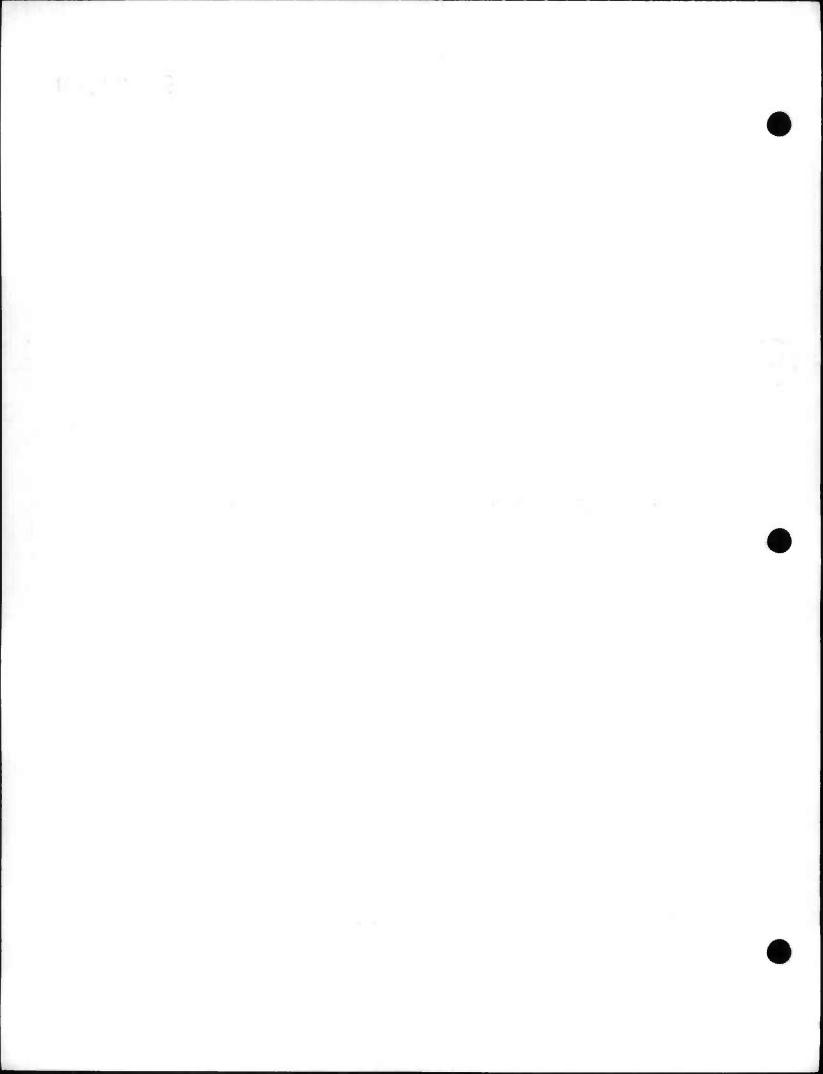
Diabetes, Hear Septicemia		eaulting in the u	nderlying cause given in i		48. WAS AN AUTOPSY PERFORMED? ☐ YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1 ☑ Inpetient 2 ☐ ER/Outpetient 3	DOA 4 Nu	26. PLACE OF DEATH (Che		Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESC	RIBE HOW INJURY OCCU	IRED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, fa	ctory, office		ION (Street and Number of Town, State)	r Rural Route Number,
(Check only	ICIAN: To the best of my knowledge, de ER: On the beels of examination and/or i					
29b. SIGNATURE AND TITLE OF CERTIFIE	R , //		29c. LICENSE NUM	BEA	29d. DATE	SIGNED (Month, Day, Year)

4400 East-West Hwy. #1030 Bethesda, Maryland

ON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE who Davidson D01191

September 18, 1990



the burial-transit permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the timeral director, page 5 and to the fine to the funeral director, page 5 and to the fine within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ing physician.

BALTIMORE, MARYLAN

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		CERT	<b><i>TIFICATE</i></b>	E OF	DEATH	RE	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D			3. TIME OF DEATH
ANN	C.	WILSON				SEPT.	13, 19	990	3:40 P.M
4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. lest birth		1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTI	HPLACE (State or Foreign
336-48-3867	1 □ M 2 🔀 F	83 Y	RS. MONTHS	DAY8	HOURS MIN.		3, 1906		CHIGAN
9a. FACILITY NAME (If not institution, give :  RANDOLPH HILLS RESIDENCE OF DECEDENT		HOME	9b. CITY		R LOCATION OF O	EATH	Sc. COI	TOOM	CGOMERY
10a. STATE 10b. COUNT	Υ	100	c. CITY, TOWN O	OR LOCAT	ION				10d, INSIDE CITY
MARYLAND	MONTGOME	ERY	SI	LVER	SPRING	3			LIMITS?
13339 FOXHA	ALL DRIV	/E		101	ZIP COOE	20906		TIZEN OF	WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS OECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 X NO	13.	WAS DEC If yes, spi 1 YES	ENDENT OF HISPA cify Cuben, Mexico 2 X NO Special	NIC ORIGIN? (Sp an, Puerto Rican ly:	ecify Yes or No—	14. RAC Blec Spec	E — American Indian, ck, White, stc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kir life. Do fi	INT'S USUAL O	during mo:	st of working		O OF BUSINESS/IN		
12		ADM	IINISTR	ATIV	E SECRE		U.S. GOV	ERNM	MENT
17. FATHER'S NAME (First, Middle, Lest) ATTILLIO	CAMILLI				16. MOTHER'S NA		, Maiden Sumame) MO	TES	
19a. INFORMANT'S NAME (Type/Print)		19b. MA	LING ADDRES	S (Street a	nd Number or Rural	Route Number, C			
BARBARA WILSON	(NIECE)	133	39 FOX	HALL	DRIVE,	SILVER	SPRING	MAR	RYLAND 20906
20a. METHOD OF DISPOSITION  1	noval from State	20b. PLACE OF D other place) METROPO			netery, crematory or		20c. LOCATION -		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEL	1	22.	NAME AN	O ADDRESS OF F				VIRGINIA
1 Deven	Durnel				S J. COI				MD 20901
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OF	A AS A CONSEQUEN	ice or j.	C	Merle VA	re u	eelk		Onset and Death
PART II. Other significant condition	dna contributing to de	ath but not resul	ting in the u	nderlying	g cause given in	Part 1. 24a	. WAS AN AUTOPSY PERFORMED?	7 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
						15	YES 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. Pl	ACE OF DEATH (C	heck only one)			
1 YES 2 UND	HOSPITAL:	R/Outpetient 3 🗆 🗈	OTHE		e 5 🗆 Residence	8 Other (Sn	eclfy)		
27. MANNER O DEATH  1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		b. TIME OF INJURY M	28c. INJ WO			BE HOW INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF II building, etc	NJURY — At home, ( . (Specify)	larm, atreet, fac	tory, offic		28f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural	Route Number,
anal only	BICIAN: To the best of my								(e) and manner se stated.
296. SIGNATURE NO TITLE OF CERTIFIE	Caesa	, M.D.			29c, LICENSE NU	834	29d. D/	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WITH BAUA	HO COMPLETED CAUSEA  M  T  T  T  T  T  T  T  T  T  T  T  T	20 FAR	(Typa, Print) PRAGU	7	AUE I	KENS.	METO	y 1	10 20895
31. DATE FILED (Month, Day, Year) SEP 20 '91	32. REGISTRAN'S	a Davidson	Randose.				,		10 20f9r

	REGISTRAR		CERTIF	ICATE (	OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				19	2. DATE OF DEATH	AY YI	3. TIME OF DEATH	
	TAMARA LEIGH					9 15	90	4 AM	
	4. SOCIAL SECURITY NUMBER 080 46 3713		(In yrs. last birthday)	MONTHS D	AR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7/17/61		BIRTHPLACE (State or Foreig Country) California	
	90. FACILITY NAME (If not institution, give on 1113 Oak View D				wn on Location of Di ver Spring		9c. COUNTY	26 22000	
DIRECTOR	RESIDENCE OF DECEDENT	1146		211	ver spring		Plotte	gomery	
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								
		tgomery		Silver	ver Spring				
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE	,	OF WHAT COUNTRY?		
買	1113 Oak View D				20910		US		
BY FU	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	8 2 X X X Y O	if yo	DECENDENT OF HISPAI e, specify Cuban, Mexica YES 2 pp NO Specif	in, Puerto Rican, etc.)	e or No— 14.	RACE — American Indian, Black, White, atc. Specify: White	
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT	S USUAL OCCL	PATION ng most of working	16b. KIND OF BU	SINESS/INDUS	TRY	
<u>ا</u> با	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	use retired.)	ig most or working				
를	1/12		Montgome	ery Cou	nty School	s Sign	Langu	age Interp	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Maiden	Sumame)		
ш	Lloyd Richard	S			Joy Rie				
10 B	19e. INFORMANT'S NAME (Type/Print)				treet and Number or Rural				
-	Lloyd Richards	-			Alban Circ			-	
1	20a. METHOD OF DISPOSITION 1 Burlal 2 Tremation 3 Rem	oval from State	other place)		of cemetery, crematory or	Para n		or Town, State	
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC	CEMBEE A	Metropo		Crematory ME AND ADDRESS OF FA		Alex.Va	1.	
Ì	b Allin A	Kuulde	•				ew Hamp	Ave.S.S.Mo	
	23. PART I. Enter the diseases, or			not anter th	e mode of dying, suc	ch as cardiac or reap	piretory arrea		
		List only one cause on						Onset and	
	disease or condition resulting in death)	. KESPIRA	TORY A	AILL	RE			I Iwa	
i	readiting in death)	DUE TO COR AS DUE TO COR AS DETASTA	A CONSTOUENCE	OF):		-0		1 wa	
z	Commentative that constitutions	METASTA	Mc B	reast	CANCE	72		Lya	
CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):					
<u> </u>	cause. Enter UNDERLYING CAUSE (Disease or Injury	C	A CONSEQUENCE	OD.					
RIFF	that initiated events resulting in death) LAST	DUE TO (OH AS	A CONSEQUENCE	·· ).					
빙		d							
	PART II. Other eignificant condition		but not resulting	In the unde	rlying cause given in		N AUTOPSY PRMEO?	24b. WERE AUTOPSY FIN	
EDICAL	THROMBUCYTE	SMENIA				1 YES	1	COMPLETION OF CA	
MEC	ANEMIA							1 - YES 2 - NO	
	BONE MAR	LROW INVO	OLVEMY	SVI					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_		26. PLACE OF DEATH (C	heck only one)			
YSICI	1 YES 2 NO	1   Inpatient 2   ER/O	utpatient 3 DOA	OTHER:	Home 5 Residence	6 Other (Specify)			
Y PH	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year		NJURY	c. INJURY AT WORK?	28d. OEŞCRIBE HOW	INJURY OCCU	RED	
ETED B	2 Accident  3 Suicide 4 Homicide  28e. PLACE OF INJURY — At home, farm, stree1, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, stree1, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, stree1, factory, office City or Town, State)							Rural Route Number,	
MPLE	(Check only	SICIAN: To the best of my kn							
8	MEDICAL EXAMIN	ER: On the basis of examina	tion and/or investige	tion, in my opli			-		
BE (	296. SIGNATURE AND TITLE OF PERTIFIE	R			29c. LICENSE NU		29d. DATE S	BIGNED (Month, Day, Year)	
0	went				D2920	14	1 9	115/90	
-	30. NAME AND ADDRESS OF PERSON AND Everard Hughes,	- 4	2521 Lit	pe, Print) tleton	St,S.S.Md	•			
	SFP 17 '90	33. REGISTRAR'S SI	GNATURE CONTROL						

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DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

	SOWN	BWIT	ECOM		МО	NTH TAN	1 199	0 2243
	4. SOCIAL SECURITY NUMBER 5799 = 143-87339	5. SEX 8. AGE	72 YRS. MOI	ITHE DAYS HOURS	MIN.	orth, Day, Year) 5	11/08	RTHPLACE (Stere or Foreign writry) KENTUCKY
TOR		DVENTIST H	SPORTAL D	CITY, TOWN OR LOCA ROCKVIII	TION OF DEATH		Sc. COUNTY O	TGOMERY TYCHY
DIRECTOR	MD . MO	y NTGOMERY		OWN OR LOCATION  GAITHERS BU	JRG			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 211 RUSSELL	L AVE. #324		101. ZIP CO	0877			S.A.
Breug	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECENDENT If yee, specify Cui 1 YES 2 N	ben, Mexicen, Puer			ACE — American Indian, Hack, White, etc. Specify: WHITE
COMPLETE	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use re SALE)	done during most of wor lired.)		INSU	NESS/INDUSTR	
	17. FATHER'S NAME (First, Middle, Last)  JOHN BUF'ORD	WISDOM			OTHER'S NAME (Fire		'urname)	
器	190. INFORMANT'S NAME (Type/Print)	WISDOM	19b. MAILING AD	DRESS (Street end Numb			THOM State, Zip Code	
2	DONALD D. CAR		3306	WINNETT F				
	20a, METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rer  4 Donation 5 Other (Specify)	noval from State	other place)  DTCCTTLT A 171				ATION — City of	LE, KY.
	21, SIGNATURE OF FUNERAL SERVICE L	сеную	NESTHAVI	EN CEMETER 22. NAME AND ADDI				
	· 9/19/10	rambus	MO0091	W. W. CH	TAMBERS (			RING, MD.
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Orterio	S A CONSEQUÊNCE (PF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	hic He	art ?	Dise	ase	5 y 3
MEDICAL (	PART II. Other aignificant condition	ona contributing to deeth	but not resulting in t	he underlying ceus	e given in Part i	24a. WAS AN A PERFORI	WED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
			_					1   YES 2   WO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF	F DEATH (Check onl	y one)		
BY PHYSICIAN	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	1 Inputiont 2 ER/O	Y 28b. TIME C		28d.	Other (Specify) DESCRIBE HOW IN	JURY OCCURE	0
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJUL	IRY — At home, farm, stre (pecify)	et, factory, office		LOCATION (Street e. City or Town, State)	nd Number or R	ural Route Number,
COMPLETED	cool any de	SICIAN: To the best of my kn						use(e) end manner ee state
BE	296. BIGNATURE AND TITLE OF CERTSE	17/100	- 0	29c. L	LICENSE NUMBER		29d. DATE SIG	INED (Month, Day, Year)
5,	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) Type, Pr	IMD C	1231		7	-14-40
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE O	107 B	cookes	Ave	Gail	chersbun
	SED 20 '90	Archia Davi	dron-Randoll					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH MONTH DAY YEAR 0 4 36 M
	4. SOCIAL SECURITY NUMBER 5. SED 6. AGE (In yrs. last birthday) if under 1 YEAR if under 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) (Month, Day, Year) (Country)
œ	9a. FACILITY NAME (If not institution, give street and number)  Lefand Memorial Hospital Riverdale  SOUTH CAROLINA  9b. CITY, TOWN OR LOCATION OF DEATH  Riverdale  P. G.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIGE CITY
	MD P.G. BLADENSBURG XLIMITS? 1 ☐ YES 2 ☐ ND  100. STREET AND NUMBER 101. ZIP CODE 100. CITIZEN OF WHAT COUNTRY?
VERA	5418 VARNUM STREET 20710 U.S.A.
BY FUNERAL	11. MARITAL STATUS  1. MARITAL STATUS  1. Never Married 2  Married  3. Widowed 4  Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1  YES 2  No If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— If Yes, apecify Cuben, Mexican, Puerlo Rican, atc.)  14. RACE — American Indian, Black, White, etc.  1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2  NO 1  YES 2
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondery (0-12) College (1-4 or 5+)  6 GRADE  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSE KEEPER  16b. KIND OF BUSINESS/INDUSTRY  DOMESTIC
BE COM	17. FATHER'S NAME (First, Middle, Last) WILLIAM GARFIELD FARR  18. MOTHER'S NAME (First, Middle, Malden Surname) MARY FARR
2	196. INFORMANT'S NAME (Types/Print) ANNETTE W. JACKSON  196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 236 ARBOR LANE BRYANS RD, MD 20616
	20s. METHOD OF DISPOSITION 14 Surles 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)
	22. NAME AND ADDRESS OF FACILITY ROLLINS, FUNERAL 4339 HUNT PL NE, WASH. DC 20019
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final
	disease or condition a. N to cerebre Nem m rhole 24°  Due to (or as a consequence of):
LION	Sequentially list conditions, if any, leading to immediate  My reduct / n far c from 1, Kels 240  Many.
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  Cause. Enter UNDERLYING  Grand As A Conseduence of:  Use TUJOR AS A CONSEDUENCE OF:  Use TUJOR AS A CONSEDUENCE OF:
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS
MEDICAL	PERFORMED?  1 YES 2 ND  AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES XX ND
PHYSICIAN: ME	25. WAS CASE REFERREO TO MEDICAL 28. PLACE DF DEATH (Check only one)
IYSIC	EXAMINER?  1 YES 2 ND  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER DF DEATH  286, DATE OF INJURY  286, TIME OF 286, INJURY AT 286, DESCRIBE HOW INJURY OCCURED
ВУ РН	27. MANNER DF DEATH  26e, DATE OF INJURY (Month, Dey, Year)  27. MANNER DF DEATH  28e, DATE OF INJURY (Month, Dey, Year)  27. MANNER DF DEATH  28e, DATE OF INJURY (Month, Dey, Year)  28e, DATE OF INJURY (Month, Dey, Year)  28e, DATE OF INJURY (Month, Dey, Year)  1 YES 2 NO
6	3 Suicide 6 Could not be 4 Homicide datarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)  9/18/9 as
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)
	31. DATE FILEO (Month, Day, Year)  32. REGISTRAR'S SIGNATURE

mit.≱Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Carnours after death. Page 6 may be retained by the hospital or attending in THE FINERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rev 1/89

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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, T.O. BOA 13149,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be associated within the contract of the hospital or attending physicians.	ISe a	
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TEN	TOR:	28 1
JR Al	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely find in by the fled within 20 hours after death with the State Perir of Health and Mental Hodeine prior to burial, cremittion.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical traminer must be notified at once.
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STATE REGISTRAR		STATE OF N	MAKYLAN	UEPAF CERTIF					MENTA	REG. NO.			21100
1. OECEOENT'S NAME (First	t, Middle, Last)								2. OATE	OF DEATH		YEAR	3. TIME OF DEATH
	Jame:	S	Thom	as	Wa	ather	1		9.	16-90	AT .	TEAR	2:05PM w
4. SOCIAL SECURITY NUM		5. SEX		yrs. last birthday)	IF UNDER	DAYS	IF UNDER	MIN.	(Mon	OF BIRTH		8. BIRTH	PLACE (State or Foreign
218-80-6438		1 🔀 M 2 🗌 F	5	3 YRS.					APR	IL 13,			IARYLAND
9a. FACILITY NAME (If not in					l .	, TOWN O			ATH		9c. COUN		
2830 Frier		School R	oad		Med	chani	LCSV	Llle			St.	Mar	y's County
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	ION					Т	10d. INSIDE CITY
MARYLAND	ST.	MARY'S		M	ECHAI	VICS	VILL	E					LIMITS? 1 YES 2 XNO
10e. STREET AND NUMBER						101.	ZIP COD	E		•	10g. CITIZ	EN OF W	HAT COUNTRY?
2830 FRIENI	DSHIP S	CHOOL RO	AD				2065	9			U.	S.A.	
11. MARITAL STATUS 1 X Never Merried 2  3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 X NO			city_Cube	in, Mexica	n, Puerto	N? (Specify Yea Rican, etc.)	or No-		— American Indien, , White, atc.
	CEDENT'S EDUC		1	6a. DECEDENT'S					16	b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (		College (1-4 or 5	<b>+</b> )	Iffe. Do NOT u	se retired.)	duning mo	St OF WORK	ng					
7TH GRADE				LABO	RER					FARM			
17. FATHER'S NAME (First, A							100 -00-			Middle, Maiden	6163 V		
IGNATIUS 1		WATHEN,	SR.				·			VIEVE I			
19a. INFORMANT'S NAME (										nber, City or Tow			20659
JOSEPH M. V									OL R	-			LLE, MD.
20a. METHOD OF DISPOSIT	on 3 🗆 Remo	val from State	0	PLACE OF DISPO other place)							CATION — C		
4 Donation 5 Othe 21. SIGNATURE OF FUNER/		ENGEE 77	<u> </u>	T. JOSI		S CEN			CII (TZ	MO	RGANZ	A. M	IARYLAND
Much	ael L.	Gars	line	V	MA	ATTIN	<b>IGLE</b>	-GAI	RDIN	ER FUNI			
disease or condition resulting in death)  Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LAS	ediata riNG ury	OUE TO	(OR AS A C	EMOTTHACE CONSEQUENCE CO	OF):								
PART II. Other signific	ent conditions	contributing to	death but	not resulting	In the u	nderlyln	a csuse	alven in	Part I.	24a. WAS AN	AUTOPSY	24b	, WERE AUTOPSY FINDINGS
Cirrhosis										PERFOR	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_	XX YES 2	L NO		OF DEATH?
										PARTI	AL		XM YES 2 □ NO
25. WAS CASE REFERRED	TO MEDICAL					26. PI	LACE OF	DEATH (C/	neck only	one)			
EXAMINER?		HOSPITAL:	☐ ER/Outpat	lent 3 🗆 DOA	OTHE 4 - Nu		10 5 <u>X.X</u> P	lesidence	6 🗆 Ott	ner (Specify)			
	Pending Investigation	26e. DATE OF 15-		26b. Til		28c. INJ			-		NJURY OCC OSSID	oly h	nit head
3 Suicide 6 4 Homicide	Could not be determined	26s. PLACE (building	OF INJURY , atc. (Specif)	At home, ferm,	atreet, fac		:0		261. LC	CATION (Street you Frie	end Number ndshi	or Rural I	Poute Number, Chool Rd.,
29a. CERTIFIER 1 CEF	RTIFYING PHYSIC	CIAN: To the best of	f my knowled	dge, death occur and/or investigat	red at the	time, data	and plac	a, and du	ecila a to the c	NICSVI ause(a) and ma te and place, ar	ITE, S nner se stat nd due to th	ed.	ary's CO.MD
29b. Signatrume and TITL	ee It	reth	W					CME	MBER		29d. DATI		) (Month, Day, War) 9-17-90
30. NAME AND ADDRESS (			ISE OF DEAT	TH (ITEM 27) (Typ		11		C1 -	-1 ~	-14-	24.3	015	001
MARGARITA			A MILE &		_	TT B	enn l	stre	et,B	altimo	re,Md	212	COT
31. OATE FILED (Month, Day	1 8 '90	32. REGISTR	hic Savi	dson-Rang	dell								
		0				1							OHMH-16 Rev 1/89

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Eurs after death. Page 6 may be retained by the hospital or attending physician. I in by the funeral director, page 5 should be detached for use as the burjathen BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

isit permit. Pages 1, 2, 3 should

DELIEN, MOLLEND A	in 24 mours after death. Page 6 may be retained by the hospital	by filled in by the funeral director, page 5 should be detached for	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.C. BOX 13140,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2+mours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a case of the funeral director, page 5 should be detached for a case of the funeral director.	De med within 72 nous are dealt with the best, or feath and mental righers procedured to manage in medical examiner must be notified at once.

	1 - STATE REGISTRAR	3	HAIE UF M		CERTIFIC			MENTAL	REG. NO.		U	27706
	1. DECEDENT'S NAME (First, Middle	e, Last)							OF DEATH	VE	3. 1	TIME OF DEATH
	Geo	orge	Samue	1	Wel	ch J	r.	MONTH	7-90	,,,	1	0:12AM M
	4. SOCIAL SECURITY NUMBER					UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year)	- (	Country)	CE (State or Foreign
	214-32-9122  98. FACILITY NAME (If not institution		M 2 F		OO YRS.		R LOCATION OF DE		ist 8,1	924 Wa		ngton, D.C.
DIRECTOR	Southern Mary	yland	Hospit	al		Clin	ton			Prince	e Geo	orges Co.
띭		COUNTY			10c. CITY, T	OWN OR LOCAT	ION				10d	I. INSIDE CITY LIMITS?
ä	Maryland Pr	ince	Georges		Branc	lywine					1 [	TES 2 NO
3	10e. STREET AND NUMBER					10f	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
4	Rt # 1 Box 2						20613			U.S.A		
BY	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		FORCES? 1 [	YES 2	NO	It yes, spe	ENDENT OF HISPAN scity Cuban, Maxican 2 NO Specify:	n, Puerto F		or No— 14.	Black, WI Specify:	American Indian, hita, atc.
0	15, DECEDENT	T'S EDUCATION	ON	164	. DECEDENT'S US	UAL OCCUPATION	ON	16b.	KIND OF BUS	INESS/INDUST		1.00
	(Specify only highe Elementary/Secondary (0-12)		ollege (1-4 or 5+)		(Give kind of work life. Do NOT use n	done during mo etired.)	st of working					
AP.	8				roofer			C	onstru	ction_	firm	s
COMPLETED	17. FATHER'S NAME (First, Middle, L		-				18. MOTHER'S NAM			Surname)		
BE	George S. We		Sr.				Martha					
2	19a. INFORMANT'S NAME (Type/Pri						nd Number or Rural R				de)	
	William Ray T	homas			7770		. Waldor	f, M		602		
	20g, METHOD OF DISPOSITION  1 Buriel 2 T Cremation 3		from State	20b. PL.	ner place!		netery, cremetory or itan Cres	mata		ATION — City		
	4 [] Donation 5 [ Other (Special Signature of Funeral Services )		ie k		1.16	22. NAME AN	ID ADDRESS OF FAC	CILITY	T M TI			VA.
	1	17	71.	Bons		Rober	t E. Will	he1m	. Inc.			tland Rd.
-	23 DART I Edwards Maria	-/		000						Duit	_	, MD. 20746
	23. PART I. Enter the disease shock, or heart f	fallure. List	only one caus	se on aach	line.	enter the mo	de or dying, sucr	n as care	nac or reapn	atory arrest	•	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	,	Multipl	e ini	uries							Onset and Death
	resulting in death)	a			INSEQUENCE OF):					-	-	
z												
9	Sequentially list conditions, if any, leading to immediate	D	DUE TO	OR AS A CO	NSEQUENCE OF):			-				
				ON A3 A 00								
2	cause. Enter UNDERLYING CAUSE (Disease or injury			200.01								
TIFICA	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events			200.01	INSEQUENCE OF):							
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury			200.01					8.5-3-			
AL CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	q = q = = = = = = = = = = = = = = = = =	DUE TO (	OR AS A CO	INSEQUENCE OF):	the underlyin	g cause given in	Part I.	24s. WAS AN			RE AUTOPSY FINDINGS
AL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	q = q = = = = = = = = = = = = = = = = =	DUE TO (	OR AS A CO	INSEQUENCE OF):	the underlyin	g cause given in			MED?	CO	
AL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	q = q = = = = = = = = = = = = = = = = =	DUE TO (	OR AS A CO	INSEQUENCE OF):	the underlyln	g cause given in		PERFOR	MED?	CO OF	ALABLE PRIOR TO MPLETION OF CAUSE
MEDICAL	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co	donditions co	DUE TO (	OR AS A CO	INSEQUENCE OF):			_	PERFOR	MED?	CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
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MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other algnificant co	d	DUE TO ( ontributing to OSPITAL:	OR AS A CO	not resulting in	26. PI DTHER: \( \text{Nursing Horror} \)	LACE OF DEATH (Ch	eck only or	PERFOR YES 2  10)  10 (Specify)	MED?	AM CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  (XXXES 2 □ NO  27. MANNER OF DEATH  1 □ Netural 5 □ Pendi	c	OSPITAL: Inputient 2 22 28a. DATE OF (Month, De	death but i	not resulting in	26. PI DTHER: Nursing Horr DY WC	LACE OF DEATH (Chi	eck only or 6 - Othe 28d, DES	PERFOR	MED?  NO  NO  JURY OCCUR  1 nned	xx behi	ALABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 \( \text{NO} \)  Ind dumpster
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  VXXS 2 D NO  27. MANNER OF DEATH  1 Netural 5 Pendi XXX Accident Invest	d	OSPITAL:   inpatient 2 20   28a. DATE OF (Month), Do   8 = 0	death but i	not resulting in	26. PI DTHER:    Nursing Horo DF WW 1	LACE OF DEATH (Chr. ne 5  Residence JURY AT PRK7 YES 2XXNO	eck only or 6  Other 28d, DE: SUD	PERFOR  TO YES 2  TO Specify)  SCRIBE HOW II  JECT P  ATION (Street a	JURY OCCUR	behi	under PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 No  Ind dumpster Stor trailer
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	d	OSPITAL:   inpatient 2 20   28a. DATE OF (Month), Do   8 = 0	CENOutpette	not resulting in	26. PI DTHER:  Nursing Horn DY W AM 1	LACE OF DEATH (Chr. ne 5  Residence JURY AT PRK7 YES 2XXNO	6 Other	PERFOR  YES 2  TO Specify)  SCRIBE HOW II  JECT P  ATTION (Street a	JURY OCCUR INNEC Ck by and Number or	AMED OF XXX	under PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 No  Ind dumpster Stor trailer
BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  (XXX) 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendi XXX Accident Invest 3 Suicide a Could 4 Homicide a Could	c d  DICAL Hi 1 [ Ing tigation d not be mined	ontributing to  OSPITAL: Inpartent 2 2  28a. DATE OF (Morth, Dr. O-8 = 0  28a. PLACE Of building,	death but i	not resulting in  ont 3 000 4  28b. TIME ( NUM)  7:40  At home, farm, stro	26. PI THER: Nursing Horr Y AM 1  1	LACE OF DEATH (Chr. ne 5 Residence JURY AT 7KY YES 2XXNO	eck only or  6 Other  26d. DES  SUD  Whe  2at. Loo  Chy.  Saf	PERFOR	JURY OCCUR INNED inned ck by and Number or ear, 91	AMED OF XXX	unale PRIOR TO IMPLETION OF CAUSE DEATH?  YES 2 NO  Ind dumpster Stor trailer Piscataway Ro
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST  PART II. Other algnificant co  25. WAS CASE REFERRED TO MED EXAMINER?  CXXXS 2	d	OSPITAL:   inpertient 2 22   28a. DATE OF (Month, Dr. 28e. 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TIME (NUM) 7:40  At home, farm, str.  ood Store ge, dasth occurred ad/or investigation,	26. PI THER: Nursing Horr 28c. IN. W AM 1   1   at the time, data In my opinion, o	LACE OF DEATH (Che	eck only or  6 Othe  28d. DES  SUD  whe  2st. Loo  ch. Loo  ch. Loo  thre can  time, date	PERFOR  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 2  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 3  YES 4  YES 3  YES 4  YES 4  YES 4  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  YES 5  Y	JURY OCCUR INNE  Ck by Ind Number or ear, 91  TGES Iner as stated. d dus to the c	AMED COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE COOPER STATE OF THE C	INLABLE PRIOR TO IMPLETION OF CAUSE DEATH?  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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within zerosus after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Merital Hyglene prior to burlal, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT	OF HE	ALTH AND N DEATH	MENTAL	HYGIEN REG. NO.		0 2	2770	7
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH DA	NΥ	YEAR 3	. TIME OF DEA	TH
	ROBERTA WALLACE							23	1990		2:06	A M
	Was and a second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	6. AGE (I	n yrs. lest birthday) 47 YRS.	IF UNDER		IF UNDER 24 HRS. HOURS MIN.		E BIRTH Day, Year) 2 - 43		Country)	ton, I	
ł	9e. FACILITY NAME (If not institution, give street	t end number)		9b. CITY	TOWH OF	LOCATION OF DE			9c. COUN	TY OF DEA	тн	
TOR	THE JOHNS HOPKINS	S HOSPITAL		BA	LTIMO	ORE -		_	BAL	TIMOR	E CITY	
DIRECTOR	Md . 10b. COUNTY	Cecil	10c. CIT		eton						Dd. INSIDE CIT LIMITS?	
FUNERAL	100. STREET AND NUMBER 63 Hollis Circ	cle			101.	ZIP CODE 2192	1			ZEN OF WHA	AT COUNTRY?	
BY FUN		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA			If yes, spe	NDENT OF HISPAN cify Cuben, Mexicar 2 NO Specify	IIC ORIGIN? n, Puerlo Ri		- v	14. RACE Black, \	- American Ind White, atc. White	
0	15, DECEDENT'S EDUCAT	TION	18e. DECEDENT'S	USUAL O	CCUPATIO	N	16b. I	CIND OF BU	SINESS/IND	USTRY		
COMPLETED		College (1-4 or 5+)	Give kind of its. Do NOT u	se retired.)		t of working	Si	nop-E	Rite			
MO	17. FATHER'S NAME (First, Middle, Last)		2022	ana	,	18. MOTHER'S NAI	ME (First, Mi	ddle, Maiden	Sumama)		_	
	Raymond C. Russe	oll Sr			- 1	Dox	roth.	/ M.	TT d to 1	. 1		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	S (Street en	d Number or Rural F						
2	Raymond C. Russell, Sr. 79 Hollis Circle Elkton, Md. 21921  20a. METHOD OF DISPOSITION (Name of cometer), crematory or 20c. LOCATION — City or Town, State											
	20a. METHOD OF DISPOSITION  1					etery, crematory or m. Park	ζ			Md.		
	21. SIGNATURE OF FUHERAL SERVICE LICEN	MEE )		22.	NAME AN	D ADDRESS OF FA	CILITY	250	) E	Maix	, C1	
	· Andris	01 91	0	Ge	ee F	uneral	Home	253 F1V	ton.	Md	2102	) 1
	23. PART I. Enter the diseases, or cor	molications that cause	the death On								Approxin	
	ahock, pr haart fallura. Lis			iot ama	the mot	ie or cynig, each	n se caror	oc or 100p	matory or		interval I	Between
ŀ	IMMEDIATE CAUSE (Final disease or condition	1084	Vn/mia								400	n (a)
	resulting in death) s.	DUE TO (OR AS A	CONSEQUENCE C	F):							1 400	1780
z	REJECTION DE CARRIAC TRANSAGNT 16 DAYS											
5	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE C							_		1
S	CAUSE (Disease or Injury											
CERTIFICATION	that initiated eventa reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE	F):								
#	d.										+	
. 1	PART II. Other aignificant conditions	contributing to death b	ut not reaulting	in the U	nderlying	cause given in	Part i.	24a, WAS AN			VERE AUTOPSY	
S	DIGATED	CARDIOMY	OPATHY					PERFO			WAILABLE PRIOR	
			7				_	100			OF DEATH?	NO
≥							_					
M	25. WAS CASE REFERRED TO MEDICAL			-	26. PL	ACE OF DEATH (Ch	eck only one	)				
Sic		HOSPITAL:	patient 3 DOA	OTHE		5 🗆 Residence	6 🗆 Other	(Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TII	ME OF JURY	28c. INJI	RK?	28d. DE\$6	CRIBE HOW	INJURY OC	CURED		
BY	2 Accident Investigation	28e. PLACE OF INJURY	At home from			ES 2 NO	204 1 004	TION (Prince)	and Mumba	r or Rural Ro	uto Mumber	
TED	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spec	cify)	street, let	nory, orner			r Town, State		OF NUTE NO	ute Humber,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.										end manner ee	stated.
				and/or investigation, in my opinion, death occured at the			e time, date and place, end due to the cause(s) end manner ee stated.					
	DAY CICHATURE AND TITLE OF OFFICE					88- 110					11	-4
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER,	. Ishnor				D33139			1	9/23	Month, Day, Yea	r)

OUNSM

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
SEP 25 '90

700 2 6 3

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALLIMORE, MARTLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or aftending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunit	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlar, cremation, or removal.	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAN	_	OLITTI	TOATE	01 0	EAIN	HEG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)  MARIE YVONNE W	IGGER					2. DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE OF DATE	199	O YEAR	3. TIME OF DEATH 5:50 P.M. M
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday	F UNDER 1	YEAR IF	F UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
220269816	1 □ M 2 F 59	(In yrs. last birthday YRS.			OURS MIN.	01-03-19	31	County	
9e, FACILITY NAME (If not institution, give a	treet end number)		96. CITY, T	96. CITY, TOWN OF LOCATION OF DEATH CUMBER Land				EATH	
SACRED HEART HO	DSPITAL						ALL	EGANY	COUNTY
RESIDENCE OF DECEDENT	,	10.0				-			ANA MINING MANA
MD Allega			mberla		4				10d. INSIDE CITY XX LIMITS? 1 YES 2 NO
730 Bedford Str	eet			101. ZII 215	502			IZEN OF W	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. THED				NIC ORIGIN? (Specify Yes	or No-	14, RACE	— American Indian, White, etc.
1 Never Merried 2 Merried 3 Widowed Divorced	FORCES? 1 U YES	2 NO DATES			NO Speci	an, Puerlo Rican, etc.) ly:		2001 23.75	hite
15. DECEDENT'S EDU		16e. DECEDENT				16b. KIND OF BU	SINESS/INI	DUSTRY	
(Specify only highest grade	College (1-4 or 5+)	life Do NOT	f work done du use retired.) CONS	-	tion de	ept C&I	? Tel	Lepho	ne
17. FATHER'S NAME (First, Middle Lest) Herbert B. Stal	lings			10	e. MOTHER'S N. Edith	AME (First, Middle, Meiden	Surname)		
		19b_MAILU	IG ADDRESS	Street and			n, State, Zi	p Code)	
199. INFORMANT'S NAME (Type/Print) Tama L. Roberts						Route Number, City or Tow			
	対象 METHOD OF DISPOSITION  1 M Burlel 2 □ Cremation 3 □ Removal from State  20b. PLACE OF DISPOSITION (Name of commetory or Uniform State Cumbertand, MD)  20c. LOCATION — City of Town, State Cumbertand, MD						MD MD		
21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF TUNERAL SERVICE LICENSEE  22. SIGNATURE OF TUNERAL SERVICE LICENSEE  Cumberland, MD 21502								
Yones 7	ZMCarpe	lle	C	umbei	rland,	MD 21502			
23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	List only one cause on	each ilna.						rrest,	Approximate interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF3: L	un	y 4	ine mer			
PART il. Other aignificent condition	ns contributing to death	but not reauitin	g in tha und	lerlying c	cause given i			24b	WERE AUTOPSY FINDINGS
						PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_			1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLAC	CE OF DEATH (C	theck only one)			
EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER:		5 Residence	a Other (Specify)			
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. 1		28c. INJUR WORK	RY AT	28d. DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Sp				5 2 NO	28f, LOCATION (Street City or Town, State		er or Rural I	Route Number,
4 Hornicide determined	,								
(Check only									
29b, SIGNATURE AND TITLE OF CERTIFIE	296. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  290. DATE SIGNED (Month, Day, Year)  134844  291. DATE SIGNED (Month, Day, Year)								
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF C	DEATH (ITEM 27) (7	po, Print)	11	4		,	W	. 1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE			- www	want	(		21
2FL 2 9 1330 30	he Kacydson-Aan	dell							

10. 10. 10.

BALTIMORE, MARYLAN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp to THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Leo Anthony	Willi	ams	2. DATE OF DEATH MONTH September	Ž1, 199	3. TIME OF DEATH 9:44 a M	
	4. SOCIAL SECURITY NUMBER 220 32 0400  5. SEXMale 1 X M 2 F F 84  7. SAGE (In yrs. last birthday) 84  7. SAGE (In yrs. last birthday) 84  7. SAGE (In yrs. last birthday) 84  7. SAGE (In yrs. last birthday) 84  7. DATE OF BIRTH (Month, Day, Year) Nov 4. 1905  8. BIRTHPLACE (State or Following) Maryland						
TOR	9a. FACILITY NAME (If not institution, give street and number)  The Kent and Queen Anne's Horestoener		. Chesterto		Kent	County	
FUNERAL DIRECTOR	Maryland Kent	10c. CITY, TO Rock	wn or Location C Hall			10d. INSIDE CITY LIMITS?  XX YES 2 NO	
VERAL	S. Main St.		101. ZIP CODE 21661		USA	F WHAT COUNTRY?	
BY	11. MARITAL STATUS Widowed  1 Never Merried 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexics 1 YES 2 NO Specify	n. Puerto Rican, etc.)	BI	ACE — American Indien, ack, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work: life. Do NOT use ret Oil Disti	done during most of working ired.)	16b. KINO OF BUS	leum pro		
	17. FATHER'S NAME (First, Middle, Last) Frederick Williams		17440 F 12500 W	ME (First, Middle, Meiden ering Jankov			
TO BE	19e. INFORMANT'S NAME (Type/Print)  Lorraine A. Willian	ns South	PRESS (Street and Number or Aural Main St. Rock	Route Number, City or Town	n, State, Zip Code)		
	20a. METHOD OF DISPOSITION BUTIAL  XX Burlel 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	bb. PLACE OF DISPOSITIO	N (Name of cometery, crematory or Catholic Cemet	ery Rock	cation — chy or Hall,		
	21. SIGNA UNE OF FUNERAL SERVICE LICENSEE  Willis (U)	lls	J. Willis Wel	P.0.	Box #	264 Md. 21620	
	23. PART Enter the diseases, or complications that cause on enock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS	aech ilna.	xacer fretomy fac		ratory arrest,	Approximats interval Between Oneet and Daeth	
CERTIFICATION	ff sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	A PONSEQUENCE OF):  A CONSEQUENCE OF):	on, far	luro			
EDICAL	PART II. Other significant conditions contributing to death	but not reaulting in the	na undarlying ceusa given in	Part i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)						
SICI	EXAMINER?  1   YES 2   NO		HER: Nursing Homa 5 - Raeldenca				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW I	NJURY OCCURED		
ETED B	3 Suicide 8 Could not be 4 Homicide determined	RY — At home, farm, stree ec/fy)	t, factory, office	281. LOCATION (Street City or Town, State)	and Number or Ru	rel Route Number,	
COMPLE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER; On the bast of my known one) 2 MEDICAL EXAMINER; On the basis of examination					se(a) and menner se stated.	
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIER	Well M	29c_LICENSE NU	OO/	29d. DATE SIGN	NED (Month, Day, Vear) 25-90	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF Harry Paul Ross (# D-10001	) Chester	town, Md. 2162	20			
14	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIN	ha Davidson-Ro	ndell.				

Bill 1 1 1 2

1990

9c. COUNTY OF DEATH

Kent

20

September

7. DATE OF BIRTH (Month, Day, Yea

Aug. 15,

3. TIME OF DEATN

10d. INSIDE CITY

p.

5:43

6. BIRTNPLACE (State or Foreign

10e. STATE

4. SOCIAL SECURITY NUMBER

215-32-4028

At Home

9e. FACILITY NAME (If not institution, give street and number,

10b. COUNTY

5. SEX

1 - M 2 N F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

Galena

IF UNDER 24 HRS.

9b, CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. lest birthday)

executed within BOX 13146, certificate be P.0. DIVISION OF VITAL RECORDS, PHYSICIAN: The law

burial-transit permit. Pages 1, 2, 3 should DIRECTOR Galena MD Kent 1 TES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21635 USA Sassafras Rd, Shorewood Estates physician. 12. WAS OECEDENT EVER IN U.S.ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 14. RACE — American Indien, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1_ Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15, OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker Home unknown 9300 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Surname) at unknown unknown BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Tampa, Florida director, page 5 Joan Keen 9 20s. METHOD OF DISPOSITION
1Å) Buriel 2 Cremetion 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State must Westminster Presbyterian Cem. Georgetown, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY examiner the funeral Fellows Funeral Home 368 W. Cypress Street, Millington, MD 21651 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate completely filled in by shock, or heart failure. List only one ceuse on sech line. 6 **Onset and Death IMMEDIATE CAUSE (Final** event, the cremation, disease or condition OUE TO (OR AS A CONSEQUENCE OF) Arres resulting in death) nding physician and con Hygiene prior to burial, tastatic traumatic CERTIFICATION cancer bceast Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other OUE TO (OR AS A CONSEQUENCE OF): that initiated events attending | resulting in death) LAST 6 requires that the death signed by the atter Health and Mental Injury, PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 TYES 2 NO OF DEATH? 1 TYES 2 NO has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) item s certificate h HOSPITAL: OTHER: 1 TYES 2 NO etient 2 ER/Outpatient 3 - DOA 6 C Other (Specify) 0 27. MANNER OF CEATN 26s. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked. 1 Natural 6 Pending 1 YES 2 NO L DR ATTENDING PH. L DIRECTOR: After th Phours after death w BY 2 Accident 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be COMPLETED 4 Homicide 28 item 29e. CERTIFIER
1 DEFITIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. THE HOSPITAL I THE FUNERAL C filed within 72 h TO THE FUNERAL OF THE FUNERAL CO DE FILED WITHIN 72 PO IMPORTANT: If It HOSPITAL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE 9-24-90 33514 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 31. DATE FILEO (Month, Day, Year)
SFP 25 '90 32. REGISTRAR'S SIGNATURE Gratia Neigher Randall

**DHMH-16 Rev 1/89** 

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, WARRENID 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 8 may be executed in the business and the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page. Annual to a second the state begs, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

790

Julia Davidson-Randall

REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH September 8, 1990 1:39 Elsie Rose Weart а м 7. DATE OF BIRTH (Month, Day, Year)
July 17, 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 141 54 6378 96 1 M 2 XXF 1894 Phila. Penna 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) DIRECTOR Kent Kent and Queen Annes Hospital, Inc. Chestertown RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10a, STATE New Jersey Voorhees Camden 1XXYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 08043 20 Chadwick Drive USA 11. MARITAL STATUS Widowed 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ♣NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2. 1 Never Married 2 Married Specify: BY Widowed 4 Divorced White No COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16h KINO OF BUSINESS/INOUSTRY (Specify only highest grade co during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker At home 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rudolph Koelle Rosina Schmauck 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 20 Chadwick Drive Virginia A. Delvalle Voorhees, New Jersey 20a. METHOD OF DISPOSITION B1 Burial State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State Cherry Hill New Jersey Locustwood Memorial Park 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATUR FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY P.O. Box # 264 J. Willis Wells Chestertown, Md. 21620 23. PART Lefter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate nock, or heart fallure. List only one cause on each line. Interval Between **Onset and Daath** IMMEDIACE CAUSE (Final disease or condition 2 days per u tor resulting in death) OF TO (OR AS A CONSEQUENCE OF): N pira CERTIFICATION Sequantially list conditions, UE TO (OR AS A CON If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 N OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPHAL: OTHER: 1 YES 2 4-NO lent 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ВҮ 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be ETED 4 Homicide datarmined 29a. CERTIFIER

(Chart and 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 295 SIGNATURE AND TIPLE OF CERTIFIER 29d. DATE SIGNED (Month, DAY, Year, 29c. LICENSE NUMBER BE an mID 5 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print, 9 0 32. REGISTRAR'S SIGNATURE

HILL 13

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			HEGISTHAN	CENTIFICATE OF	DEATH	HEG. NO.		
			1. DECEDENT'S NAME (First, Middle, Last) FRANKLIN E.	WALLEX	2	SEPT 19	1990	3. TIME OF DEATH
			4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (IN 2 0 F 7)	yrs. lest birthday) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTI Count	IPLACE (State or Foreign (Y))
	3 should	NO.	Peninsula General Hospital	9b. CITY, TOWN Salis	or location of de oury, MD		9c. COUNTY OF D WICOM	EATH 1CO
	1, 2,	5	RESIDENCE OF DECEDENT  100. STATE   10b. COUNTY	Line OLTH TOURI OR LOCA	71041			464 INDIOC OTTY
	Pages 1,	DIRECTOR	ma wicomico	10c. CITY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?
	Ē		10e STREET AND NUMBER	DAI 1564	or. ZIP CODE		10g. CITIZEN OF	NHAT COUNTRY?
	physician. burial-transit permit.	FUNERAL	901/2 EAST Kd.		21801		454	-
-3146	physician. burial-trar	BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Mrdowed 4 Divorced  12. Was DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO If yes, s	CENOENT OF HISPAN pecify Cuben, Mexicer S 2 NO Specify		or No— 14, RACI Blac Spec	E — American Indien, k, White, etc.
03-	125	100	15. DECEDENT'S EQUICATION	16a. DECEOENT'S USUAL OCCUPAT	ION	16b. KIND OF BUSI	INESS/INDUSTRY	
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LANG	by the hos be detach at once.	COMPL	17. FATHULL'S NAME (First, Middle, Last)		18. MOTHER'S NAM	ME (First, Middle, Milden S	Surname)	
MARY	5 should	TO BE	19a, INFORMANT'S NAME (Typo/Print)  Boy Sabeth Falilis	19b. MAILING ADDRESS (Street	and Number of Payral F	001	State, Zip Code)	21801
щ	ay be		20s. METHOD OF DISPOSITION  1 Surfal 2 Cremation 3 Removal from State  4 Oonetion 6 Pther (Specify)	PLACE OF DISPOSITION (Name of control place)  ACLE	ometery, crematory or		ATION & City or TO	own, State
MO	direct direct	1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		AND ADDRESS OF FAC	CILITY	2.8.1	74
ALT	funera ramit		Dunell for	Sak	c 7/1	4 SALIS	bury	md
	- E		PART I. Enter the diseases, or complications that caused shock, or heart failure. List only one cause on as	tha death. Do not enter the m	oda of dyleg, aucl	as cardiac or respir	ratory arrest,	Approximata interval Batwee
v	the		immediate cause (final disease or condition resulting in death)  a. Sepsis  Due to (or as a condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the					Onset and Das
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CORDS	signed by Health an ws any	EDICAL			·	1 TES 2	□ NO	OF DEATH?
REC		2				—		1 YES 2 NO
F	has been Dept. of n 23 sho	SICIAN:	25. WAS CASE REFERRED TO MEDICAL	26. (	PLACE OF DEATH (Ch	ock only one)	<u>l</u>	
VITA	SICIAN: The certificate h the State (	SIC	EXAMINER?  1 YES 2 NO 1 Inpatient 2 ER/Outpa	OTHER:	me 5 🗆 Residence	a Other (Specify)		
F	PHYSICIA this certif with the rked, or	PHY	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN INJURY W	JURY AT	28d. DESCRIBE HOW IN	JURY OCCURED	
O	After this death with marked	ВУ	1 Pending 2 Accident Investigation	M 1	YES 2 NO			
DIVISION	TTENDI TOR: A after d	ED	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY. building, etc. (Spech	— At home, farm, street, fectory, off fy)	Ica	28f. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,
5	AL OR AL DIRI 2 hour	COMPLET	29a, CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowled one)  2 MEDICAL EXAMINER: On the basic of axamination					a) and menner as stated.
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	TO THE HOSPIT TO THE FUNERA DE filed within 7	0 86	Communication		D2910	5	>9/19	190
		4	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Print)	tospital	MEDICA	181011	TER
		d	31. DATE FILED (Morth, Day, Year)  SFP 2 5 90  32. REGISTRAR'S SIGNA	TURE Mandall	*			
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s mours after death. Page 6 may be retained by the hospital or attending events and the company of the propriet of the property of the propriet of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turn be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
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	THE H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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mit. Pages 1. 2, 3 should

	FOR STATE REGISTRAR	TATE OF MARYI	LAND / DEPAR CERTIF				<b>NEN</b>	TAL HYGIENE REG. NO.	9	0 27	713
<b>4</b> 1	1. DECEDENT'S NAME (First, Middle, Last) ATLES R. WILLEY						904	ATE OF DEATH ONTH EPTEMBER	23.	MEAD	оғоватн :35 а.тм
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AGE	(In yrs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. D/	ATE OF BIRTH fonth, Day, Year)		8. BIRTHPLACE (S Country)	
	221-10-6851 ***	M 2   F	67 YRS.	MONTHS	DAYS	HOURS MIN.		/19/1922		Delawar	e.
	Sa. FACILITY NAME (If not institution, give street a					LOCATION OF DE	ATH			NTY OF DEATH	
O.	JOHNS HOPKINS HOSP	ITAL		BAL	TIMC	RE CITY			BAL	TIMORE C	ITY
띮	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OI	R LOCATIO	ON					IDE CITY
DIRECTOR	Delaware Suss	ex	Ger	orgeta	wn						IITS?
	10o. STREET AND NUMBER				_	ZIP CODE			10g. CIT	IZEN OF WNAT COL	INTRY?
FUNERAL	Rt.# 4 Box 63					19947				USA	
2	11. MARITAL STATUS 12.	WAS DECEDENT EVER	IN U.S. ARMEO			NDENT OF HISPAN cify Cuban, Mexican		RIGIN? (Specify Year orto Rican, etc.)	or No—	14. RACE — Amer Black, White, o	ican India <i>n</i> , atc.
BY	1 Never Married 2 XX Married 3 Wildowed 4 Divorced	FORCES? 1 TAYES	DATES			2 NO Specify				Specify:	hite
	15. DECEDENT'S EDUCATIO	N	16a. DECEOENT'S				Т	16b. KIND OF BUS	INESS/INI		
COMPLETED	(Specify only highest grade comp Elementary/Secondary (9-12) Co	lieted)	(Give kind of a life. Do NOT us	work done d se retired.)	luring mos	t of working					
린	8		Carpen	ter				Hous	ing		
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAI	ME (FI	irst, Middle, Maiden S	Surname)		
BE	Asbury Willey					Elsie May			-		
2	19a. INFORMANT'S NAME (Type/Print)		1000					Number, City or Town	, State, Zi	p Code)	
	Glennie B. Willey 200. METHOD OF DISPOSITION	2	Db. PLACE OF DISPO			projetown D	e.	_	ATION _	City or Town, State	
	1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place) Cokesbu							en De.	1
	21. SIGNATURE OF FUNERAL SERVICE LICENSI	EE O		22.1	NAME AN	D AOORESS OF FAC		Y			
	► 7. 7. 00 com	92/10	. 1.	S		Funeral Se Seorgetown			09 E.	. Market St	5.
$\neg$	23. PART I. Enter the diseases, or comp			not antar					ratory ar		pproximate
	ahock, or heart failure. List IMMEDIATE CAUSE (Finei	0 .				1					tarval Between nset and Death
	disease or condition reaulting in death)	Cardro DUE TO (OR AS	prelucon	ary	A	rest					16 days
_										i i	6 dem
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):							()
8	cause. Enter UNDERLYING CAUSE (Disease or Injury	trues.	failure of a consequence of								( O Jay
	that initieted eventa		1	F):							11 6
CERTIFICATION	d	fance	150041.	11.2						<u> </u>	10 eary 3
	PART II. Other aignificent conditions co		but not reaulting	in the un	derlying	cause given in	Part	i. 24a. WAS AN PERFOR			UTOPSY FINDINGS ILE PRIOR TO
MEDICAL	b, le duct	leak		-				1 - YES 2	□ NĐ	OF DEAT	TH?
	coronary as	tery of	usease							1 🗆 YE	S 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	aft och	cy		20 01	ACE OF GEATH (Ch		atrana)			
PHYSICIAN:		SPITAL:	utnetlant 3 🗆 DOA	OTHER	₹:	5     Residence					
HXS	27. MANNER OF OEATH	28s. DATE OF INJUR	Y 28b. Till		28c. INJ	URY/AT .	-	. DESCRIBE HOW II	NJURY O	CCURED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month Day Year	AT.	7A H	1   Y	I I I and A		1	ILA	1	
	3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S)	RY — At home, fame, pecify)	street, fact	ory, office	, /	28f.	LOCATION (Street a	nd Numbe	er or Rural Route Nur	nber,
11	4 Homicide determined		N	A					N/	7	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN (Check only one) 2 MEDICAL EXAMINER: Q	/ /									aner es deted
	29b, SIGNATURE AND TITLE OF CERTIFIER	The of examining	non andor investigati	on, in my o	pinion, a	29c. LICENSE NUI					
) BE	280. SIGNIFIER AND TITLE OF GENERICE	Jant	roles			D3	70	027	<b>&gt;</b>	P Z 3	90
2	30. NAME AND ADDRESS OF PERSON WHO			e, Print)	Ш.	oless. M		0.10	R	25	WA
8	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE		110	hears la	0 3	Pr vac	UND	CTIME	12/08.
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DIVISION OF VIAL RECORDS, T.O. BOX 1319,	NG	fler
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2	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per

hours after

FUNERAL ( HOSPITAL

2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 09/24/90 10:38p M Ann Gilson Wilhelm 5. SEX 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS £/218-28-3589 62 YRS. 1 M 2 F 06/24/28 MD 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel Medical Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10a. STATE DIRECT 106. COUNTY Anne Arundel 10c. CITY, TOWN OR LOCATION Crownsville 10d. INSIDE CITY 1 YES 2 NO FUNERAL Fairfield Nursing Home 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? 21032 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American indien, Black, White, etc. FORCES? 1 YES 26
IF YES, GIVE WAR OR DATES 2 NO ecify Cuban, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) COMPL N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) William H. Wilhelm, Sr. Te Marie Donahue BE notified 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 Mr. William Wilhelm, Jr. 5003 Mt. Zion Road Hurlock MD 21643 20a. METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 2 Buriel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify) must New Cathedral Baltimore, MD examiner 21. SIGNATURE OF FRINERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwv. Barranco Funeral Home Severna Park MD 21146 medical 23. PART I. Enter the diesees, or complications that course the death. Do not enter the mode of dying, such se cerdiec or respiratory strest, Approximate shock, or heart fellure. List only one ceuse of each line. Interval Between Onser and Death IMMEDIATE CAUSE (Final the disesee or condition event, resulting in deeth) DUE TO (OR AS A CO traumatic MEDICAL CERTIFICATION Sequentially liet conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in desth) LAST 6 Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item **EXAMINER?** OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - ODA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 0 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28b, TIME OF INJURY 28c. INJURY AT WORK? 28 is marked. 1 Natural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide tem 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se stated. = 🖆 🗆 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date end piece, end due to the ceuse(e) end menner es stated. TO THE HOSPITA
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be filed within 72
IMPORTANT: II BE An41 2

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	* REGISTRAR CERTIFIC	CALE OF DEATH	REG. NO.			
	1. DECEDENTS NAME (First, Middle, Lest) JOHN F. Wilson		2. DATE OF DEATH	1998 0/20 Am		
		IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	8. BIRTNPLACE (State or Foreign Country) Pa a		
OR	Carroll Co. Gen. Hospital	96. CITY, TOWN OR LOCATION OF DE Westminster		JINTY OF DEATH Carroll		
FUNERAL DIRECTOR		TOWN OR LOCATION		10d. INSIDE CITY LIMITS?  1X YES 2 \( \square\) NO		
BAL	10. STREET AND NUMBER 1115 Gorsuch Rd.	101. ZIP CODE 21157		TIZEN OF WHAT COUNTRY?		
B≺	11. MARITAL STATUS  11. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  14. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  15. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  16. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  17. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  18. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO  19. WAS DE	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, stc. Specify: White		
COMPLETED	(Specify only highest grade completed) (Give kind of wr	isual occupation of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working most of working mo	16b. KIND OF BUSINESS/IN	IDUSTRY		
	17. FATHER'S NAME (First, Middle, Last) Unknown		ME (First, Middle, Malden Surname) Niller			
TO BE	19a. INFORMANT'S NAME (Type/Print) Charles F. Stephan  19b. Mailing 2534	Old Fort Sch	Route Number, City or Town, State, 2 Oolhouse Rd	Hampstead Md.21024		
	20s. METHOD OF DISPOSITION  10 Burlel 2 Cremetton 3 Removel from State 4 Donetton 5 Other (Specify)  Westmins	tion (Name of comotory, crematory or ter Cemetery	Westmin	- City or Town, State nster, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  *** *******************************	Thomas Appess of 1 254 East Ma Westminster	etcher & Soi in St. . Md. 21157	n F.H.		
	23. PART i. Enter the disease, or complicatione that caused the death. Do no ahock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition	ot enter the mode of dying, suc				
	DUE TO (OR AS A CONSEQUENCE OF):					
CERTIFICATION	if any, leading to immediate	ROTIC CORDLARY		ItOURS  EASE YEARS		
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in		PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN:		28. PLACE OF OEATH (C/				
PHYS	27. MANNER OF DEATH  26a. DATE OF INJURY (Month, Dey, Year)  1 Natural 5 Pending	JRY WORK?	28d. DESCRIBE HOW INJURY O	CCURED		
В	2 Accident funestigation 3 Suicide 6 Could not be detarmined detarmined	M 1 YES 2 NO	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,		
COMPLETED	29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurre one)  2 MEDICAL EXAMINER: On the bests of examination and/or investigation					
BE	29b. SIGNATURE AND TITLE OF CERTIFIER  Vincens Signature AND TITLE OF CERTIFIER	29c, LICENSE NU	MBER 29d. D/	ATE SIGNEO (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH UTEM 27) (Type,		HOR ST			
	31. DATE FETS (Myrity DACHA) 34 PHOST DAS MININGS DACHAS	WESTU	INSTER MD	21/11/		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be act	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onci
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	\$	STATE OF MARYI				HEALTH AND I	MENTAL HYGIEI	20	2	7716	
1. DECEDENT'S NAME (First, Middle, Last) FRANKLIN						2. DATE OF DEATH S. TIME OF D				1	
WILLIAM WILLIAMS, SR.						Tr. Property	05 27				
4. SOCIAL SECURITY NUMB	OCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR				IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) 1	022	Country)	ACE (State or For	elgn	
411-24-0276		end number)		YRS.	6 CITY TOWN	OR LOCATION OF DE		923 T		essee	
		HOSPITAL			BALTI						
RESIDENCE OF DEC		HOSFITAL			DALII	HOKE		BALTI	MORE	CITY	
Money I and	10b. COUNTY 10c. CITY, TOWN OR LOCAL					LIMITS?					
Maryland 100. STREET AND NUMBER	Harford Havre de (					Tace 1 □ YES 2 🖔 NO H. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?					NO
1021 Pulaski Highway					21078						
11. MARITAL STATUS	100	WAS DECEDENT EVER					NIC ORIGIN? (Specify Y	e or No- 1	4. RACE —	American India	n,
1 Never Married 2 3 Widowed 4 X Divo	1.00	IF YES, GIVE WAR OR I		Ю		pecify Cuban, Mexican, Puarto Rican, etc.)  8 2 NO Specify:  White					
		WW II	16a DE	CEDENT'S US	HIAL OCCUPAT	TION	16b, KIND OF B	ISINESS/INDI	erpy	WILL	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during m life. De NOT use retired.)						TOO. KIND OF BO	JSINESS/INDO	aini		
6							Contractor				
17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHER'S NA	IAME (First, Middle, Maiden Surnama)				
William F	ranklin	Williams				Ezra -	Williams				
19a. INFORMANT'S NAME (1							Houte Number, City or To		Code)		
Dennis C. W	· · · · ·			_			pa, Md. 21				-
20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Removal from State 4 Donation S Other (Specify)  Bel Air Memorial					Gardens	20c. LOCATION — City or Town, State  Bel Air, Maryland					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOWARD K. McComas III Funeral Home, P.A.											
Fores	KW	c Con	Es	111	1317	rd K. MC( Cokesbur	omas III v Rd., Ab	runera ingdon	. Ma	me, P.A 21009	
23. PART I. Enter the d					enter the n	ode of dying, suc	h ss cerdisc or ree	piratory srre	st,	Approxima	
								2 Mc			
DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list condit		DUE TO (OR AS	A CONSEC	DUENCE OF):						<u> </u>	
trany, leading to immediate ceuse. Enter UNDERLYING											
CAUSE (Disesse or Injuthat initiated events		DUE TO (OR AS	A CONSE	DUENCE OF):							
resulting in death) LAS	d									-	
PART II. Other significa	ent conditions c	ontributing to deeth	but not r	esulting in	the underly	ng cause given in		N AUTOPSY ORMED?		ERE AUTOPSY FI	
				-			1 _ YES	2 NO	COMPLETION OF CAUSE DF DEATH?		
							i		1	YES 2 N	10
25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO	H	OSPITAL:			OTHER:	PLACE OF DEATH (C)					
27, MANNER OF DEATH	1	28a. DATE OF INJURY	tpatient 3	28b. TIME	OF 28c. 1	ome 5 Residence	5 Uther (Specify)	INJURY OCCL	JRED		_
	Pending Impetion	(Month, Day, Year)		INJUI	RY	VORK? YES 2 NO					
Accident Investigation  Suicide S Could not be determined determined  Momicide S Could not be determined determined					eet, factory, of	fice	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
						_					
Green and Land		N: To the best of my kno On the besis of examinat								nd manner as st	tated.
290 SIGNATURE AND TITLE	E OF CENTIFIER	wor what is	100	KiNIn	Υ	29c. LICENSE NU	MBER	264. SKT	SIGNED (	15 Year)	
30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETED CAUSE OF C	EATH (ITE	M #n Gype F	rinty 1	Minnox	7 010	1176	2	,	
31. DATE FILED (Month, Day,	VIL /VI	132 AECIETATOR OF	UV7	11/11/	MI	MUTHIN	(1/1/1)	VVO	0		
SEP 26	'90	32. REGISTRABIS SIG	on-No	indeled							

THE STREET

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ID 21203-3146

BALTIMORE,

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

by filled in by the funeral directo lation, or removal. , the medical examiner mu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mu
in 2 - Jurs after death. Page 6	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Jury after death. Page 6
BALIIMO	DIVISION OF VITAL RECORDS, P.O. BOX 13140,

31. DATE FILED (Month, Day, Year)

•	FOR STATE REGISTRAR	STATE OF MAR	YLAND / I	DEPARTI RTIFIC	MENT OF	HEALTH AND	MENTAL	HYGIEN		27	7717	
1	DECEDENT'S NAME (First, Middle, Last)  Lawrence	ce i	McLain		You	ıng,Jr.	MONTH	0F DEATH DA		EAR	TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 577-70-8143	5, SEX 6. A	AGE (In yrs. lest	YRS.	F UNDER 1 YEAR	B IF UNDER 24 HRS. B HOURS MIN.	7. DATE C (Month, FEB		8.	BIRTHPLA Country) MARY	CE (State or Foreign	
CTOR	9a. FACILITY NAME (If not institution, give at St. Marys Hospi RESIDENCE OF DECEDENT	tal		$\perp$	Lec	on on Location of Di Onardtown	EATH	St. Mary's County				
DIRECTOR		MARY'S CO.			TOWN OR LO	N PARK				1 [	I. INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	190 OAK DRIVE					101. ZIP CODE 20653			U.	S.A.	COUNTRY?	
BY FU	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR	YES 2X N	2X NO i1 yes, specify Cuban, Mexican, Pue					or No- 14	Black, WI Specify:	American Indian, hite, etc.	
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 10TH. GRADE	CATION completed) College (1-4 or 5+)	(Giv	ve kind of wo Do NOT use	retired.)	ATION most of working	16b.		SINESS/INDUS	TRY		
OMF	17. FATHER'S NAME (First, Middle, Last)		1 001	NTRUC	TTON	16. MOTHER'S NA	AME (First, N		LT CO.			
ш	LAWRENCE McCLAIN	YOUNG, SR			_	MARGA	RET I	OUISE	BARBE	ER .		
TO B	19a. INFORMANT'S NAME (Type/Print)	VOLINIC	1757			et end Number or Rural						
	MARGARET LOUISE 1		20b. PLACE C	OF DISPOSIT		cometery, cremetory or	_	7.7	CATION — CH			
	1 N Buriel 2 Cremetion 3 Rem 4 Donation 3 Other (Specify)		other ple			ER CHURCH		ERY.	ST. I	NTGO	ES MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	0 1 //	mer	,	MA	TINGLEY—C	ARDIN				•	
	23. PART I. Enter the disasses, or shock, or heart failure.  IMMEDIATE CAUSE (Final										Approximate Interval Between Onset and Death	
	disesse or condition reaulting in death)	a. Multiple DUE TO (OR	e inju		;							
ATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR	AS A CONSEC	DUENCE OF)	:							
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	C. DUE TO (OR	AS A CONSEC	DUENCE OF)	•							
MEDICAL	PART II. Other significant condition	s contributing to de	ath but not n	esulting in	the under	lying cause given in	Part I.	24a. WAS AMPERFO	RMED?	AM CC OF	TERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE OEATH? Yes 2 \( \text{NO} \) NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF DEATH (C						
14.SI	1 XXES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 XXF		□ DOA	4 - Nursing	Home 5 Residence			INJURY OCCU	RED		
ВУ Р	1 Natural 5 Pending 2 Colent Investigation	9-16-	96	1:45	TIME OF INJURY AT WORK?  1 VES 2 X60 Driver in auto lost control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o						control/	
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, atc.	Road :					City or Rown, State) Rt. 235, California, St. Mary's				
COMPLETED	one) — –	ICIAN: To the best of my									nd manner as stated.	
TO BE C	HATURE AND TITLE OF CERTIFIE	Mull	,			29c. LICENSE NI OCME				100 (M 100 (M	onth, Day, Year)	
	30. NAME AND ABDRESS OF PERSON WI	40 COMPLETED CAUSE (	OF DEATH /ITE	M 273 (Type.	Print)							

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARGARITA A. KORELL, MD 111 Penn Street, Baltimore, MD 21201

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

VC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

IE	90	277-18
7,199	O YEAR	3. TIME OF DEATH 8:50 AM M
903	8. BIRTHI Country	PLACE (State or Foreign
9c. COU	NTY OF DE	gany
		19d. INSIDE CITY LIMITS? 1 X YES 2 NO
	S A	HAT COUNTRY?
s or No—	Black	— American Indian, t, White, etc.
SINESS/IN		
al G	eogi	raphic
lane;	-	
e, M	d. 2	1545
CATION -	City or To	wn, State
Fr	ostb	ourg, Md.
eratory s	rrest, Can	Approximate Interval Between Onset and Death

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Sept. 28 Beulah M. Yutzy 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In yes last hirthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. (Month, Oay, Yoar) 87 HOURS 214-20-2049 1 M 2 A F YRS Se. FACILITY NAME (If not institution, give street and number) 95 CITY TOWN OR LOCATION OF DEATH Mt. Savage DIRECTOR Rt. 1, Box 47 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Allegany Mt. Savage Md. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE Rt. 1, Box 47 21545 Calla Hill, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) 8 Clerk Nation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melder Annie R. Cl David C. Reely BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or To 2 Box 47. Mt. Savage Raymond Yutzv 20a METHOD OF DISPOSITION
1 N Surial 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LC Ridge Memorial Park Ba 4 ☐ Donation 8 ☐ Other (Specify) _ leadow 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home Fin I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or ree shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final TEPATO-CELLULAR CARCINGMA disease or condition resulting in deeth) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24a, WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2/10 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA g Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 1 A Retural 1 YES 2 NO 2 Accident Investigation 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 8 Could not be 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 9 COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) 925 Bishop Walsh Dr., Cumberland, Md. 21502 Wagher. 31. DATE FILEO (Month, Day, Year)

OCT 0 2 1990 32 REGISTRAR'S DIGNATURE

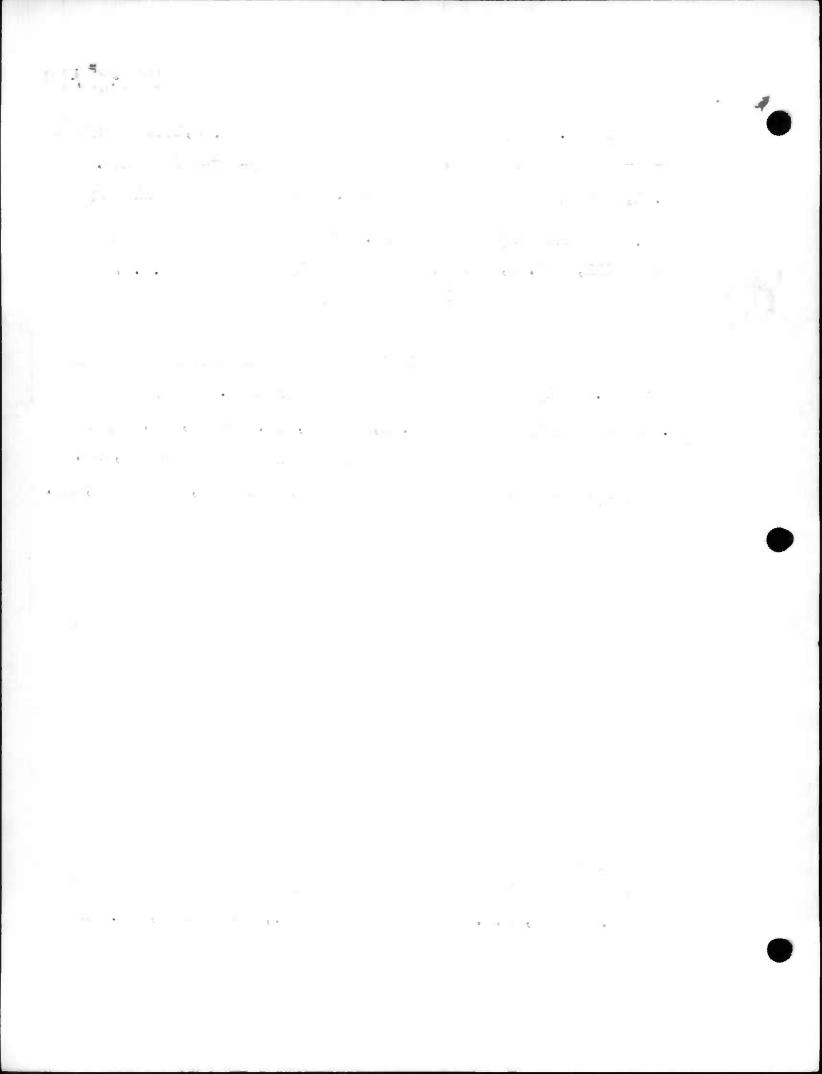
BALTIMORE, MARYLAND 21203-31 retained by the hospital or for 2 76 director, page 5 should notified 2 pe urs after death. Page 6 may must examiner funeral ( removal. medical filled in by completely filler rial, cremation, the executed within traumatic event, BOX 13146, and com o burial, signed by the attending physician a Health and Mental Hygiene prior to certificate be P.O. requires that the death DIVISION OF VITAL RECORDS, Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law certificate h the After this ce death with t DIRECTOR: A hours after d FUNERAL Within 72

Pages 1, 2, 3 should

CERTIFICATION other 6 shows any injury, MEDICAL PHYSICIAN: 0 marked. BY 69 ETED. 28 item 2 COMPL IMPORTANT: If

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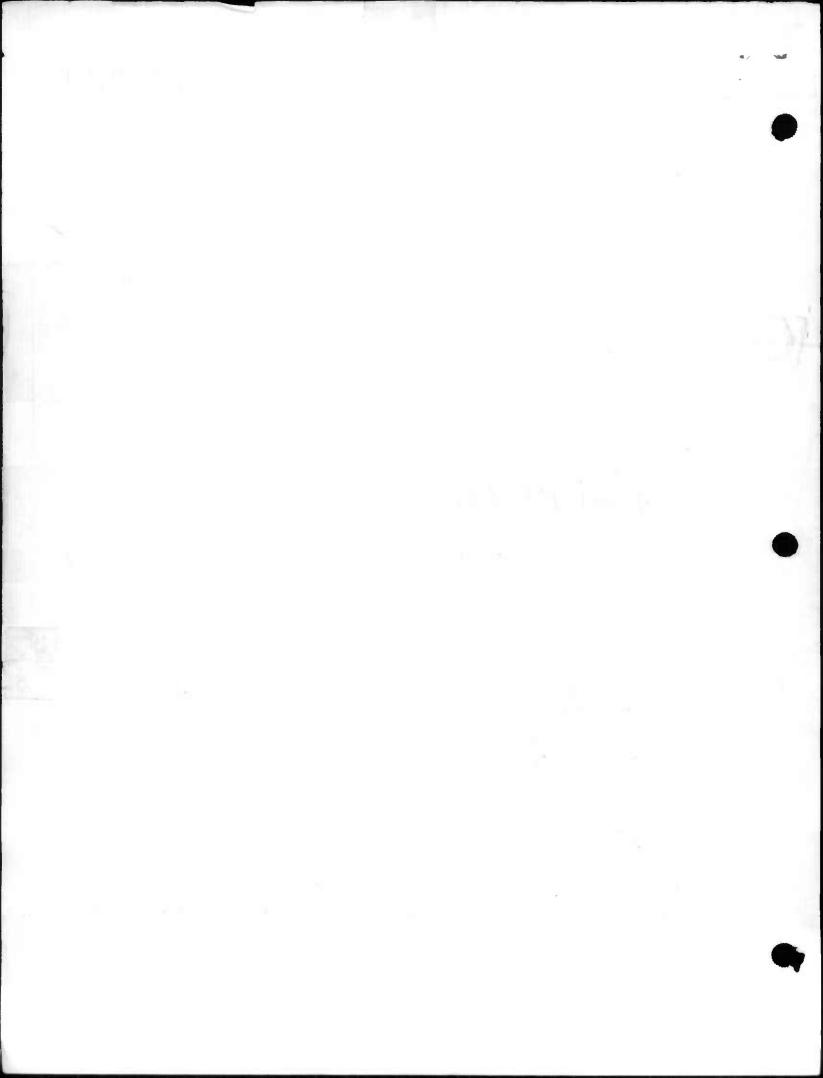


	1. DECEDENT'S NAME (First, Middle, Last)				CATE			2. DATE O	De		YEAR	3. TIME OF DEATH	
	Francis F							09	1.		990	9:15P	
	4. SOCIAL SECURITY NUMBER 578-05-2321	1 B H 2 D 5	AGE (in yrs. les	t birthday) YRS.	MONTHS 1		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month,	P BIRTH Day, Year)	12	Count	PLACE (State or Foreign 7)	
OR	90. FACILITY NAME (If not institution, give Doctors Hospital	street and number)				own or ham	LOCATION OF DE		0.9	9c. CO	JNTY OF D		
DIRECTOR	nesidence of decedent  100. STATE 100. COUNT  Maryland Cha	rles		10c. CIT	r, town or Wald						10d. INSIDE CITY LIMITS? 1 - YES 2 - NO		
AL	100. STREET AND NUMBER 4731 Humming	bird Drive				101. 7	ZIP CODE 2060:	3		1	S.A	WHAT COUNTRY?	
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	YER IN U.S. AR YES 2 2 0 OR DATES	MED	H :	YES 2	NDENT OF HISPAN My Cuben, Mexice NO Specify	n, Puello Rk	(Specify Yer can, etc.)	a or No-	Spec			
COMPLETED	15. DECEDENT'S EDUCATION  16a. DECEDENT'S USUAL OCCUPATION  (Shapelly only highest rande completed)  (Shapelly only highest rande completed)									casian			
₩ I		IV/A		Mecha	nic-9		rvisor		otro				
BE CO	17. FATHER'S NAME (First, Middle, Last) Frank Zell		18. MOTHER'S NA Jenny	Trige	er								
0	19e. INFORMANT'S NAME (Type/Print)	7.11					d Number or Rural I	Route Numbe	r, City or Tow	n, State, 2	ip Code)		
	Ronald Edward				as 10	_			20-12	VCATION	Cleu on T	two Stele	
	206. METHOD OF DISPOSITION  Will Burlei 2 Cremation 3 Removal from State  1 Donation 5 Other (Specify)  206. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  207. LOCATION — City or Torother place)  Silver Spr.												
	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Rd Clinton, Md 207												
	23. PART I. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one cause of	AS A CONSE	-y 3	Egno	he mod	e of dying, suc	h ss cardl	ac or reap	eiratory s	rrest,	Approximate interval Betwee Onset and Del	
CERTIFICATION	Sequentially list conditions, iff any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. Ut a factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the facto												
: MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PERFORMACO?  1 YES 2 PAIO									b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 700			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODEAL					ACE OF DEATH (Ch	neck only one	)				
YSICI	1 YES 2 NO	HOSPITAL:		DOA	OTHER		5 🗆 Residence	6 Other	(Specify)				
PHY	27. MANNER OF DEATH  1 Neturel 5 Pending	26s. DATE OF INJ (Month, Dev.)	URY (bar)	26b, TIA	IL OF	86. INJU	HK?	28d. DE\$0	CRIBE HOW	INJURY O	11	1	
ВУ	2 Accident Investigation		JURY - AI M	14	street, facto		ES 2 (4-HO	Surp	TION	and North		Fumes in C	
ETED	3 Suicide 6 Could not b	Suliding, wto,	(Specify)	Lome		y, omce		City o	or Town, Squ	The lu	del	L. Lankan	
COMPL	(Crieck Only	SICIAN: To the best of my										(e) end manner ee stated	
w	29b. SIGNATURE AND STILL OF CHARLE	m /	1.4	_			29c. LICENSE NU	MBER	,	29d. D	ATE SIGNE	D (Month, Day, Year)	
0 8	Thut	10	7				DSI	100	2/		8/1	6/90	
	Stoort T.	Turken	ditz	M 27) (Type		75	cen b	e M	75	d.	20	770	
	31 DATE FILED (MONT) - Day, Year)	Julia Davidson-	Gandale	-									

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		NTAL HYGIENE REG. NO.	20 2	. 1 1 2 0			
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	YEAR	3. TIME OF DEATH			
	PETER	(NMN)	ZACCARIN			09 25	1990	9:30 AMM			
1	4. SOCIAL SECURITY NUMBER		MON	UNDER 1 YEAR   IF UNDER 2	MIN.	DATE OF BIRTH (Month, Day, Year)	s. BIRTI Count	HPLACE (State or Foreign ry)			
	578-03-1948	1 📉 M 2 🗆 F	88 YRS.			09/29/02		Germany			
<u>~</u>	9a. FACILITY NAME (If not institution, give st	·	96.	CITY, TOWN OR LOCATION		[ "	9c. COUNTY OF I				
6	FREDERICK MEMOR	TAL HOSPITAL		FREDERICK			FREDERICK				
DIRECTOR	10a. STATE 10b. COUNTY			WN OR LOCATION				10d. INSIDE CITY LIMITS?			
	MARYLAND CAI	RROLL	TAN	EYTOWN  101. ZIP CODE				1 TYES 2 X NO			
FUNERAL	5030 MIDDLEBURG RO	OAD		217	707		U.S.A				
1 2	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENOENT OF	HISPANIC O	RIGIN? (Specify Yea o	r No.— 14. RAC	E — American Indian.			
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben 1 ☐ YES 2 📉 NO		uarto Rican, atc.)		k, White, etc.			
Э ВУ	3 📉 Widowed 4 🗌 Divorced							WHITE			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work life. Do NOT use rei	done during most of working	,	16b. KIND OF BUSIN	IESS/INDUSTRY				
温	Elementary/Secondary (0-12)	College (1-4 or 5+)	TILE S			CONSTRU	ICTION				
₩ O	17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (	First, Middle, Maiden Su					
ш	UNKNOWN					UNKNOWN					
10 B	19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number of							
-	MARY GRAYSON			DDLEBURG RO				787			
	20a_METHOO OF DISPOSITION 1	TOMEMENT	other pisce)	N (Name of cometery, creme INCOLN CEME	DENSBURG, MD						
	21. SIGNATURE OF FONERAL SERVICE LIC		FORT L	22. NAME AND ADDRES							
	> Maul	M- We	en-		NEW W	D.D. HAR INDSOR, M					
	23. PART I. Enter the diseases, pr	complications that ceused List only one cause on e		enter the mode of dyir	ng, such se	s cardiac or respira	tory errest,	Approximate interval Between			
	IMMEDIATE CAUSE (Finei	(						Onset and Dasth			
	disesse or condition resulting in death)		nlum	uh				days			
		DUE TO (OR AS A	CONSEQUENCE OF):					/			
NO N	Sequentially list conditions,	b DUE TO (OR AS A	CONSEQUENCE OF):								
SAT	If sny, leading to immediate cause. Enter UNDERLYING	c.									
Ē	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	resulting in death) LAST	d									
AL C	PART II. Other significant condition	s contributing to deeth b	out not resulting in t	he underlying cause g	iven in Par	t i. 24s. WAS AN A		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
18	Emplope	ma				1 TYES 2	/	COMPLETION OF CAUSE OF DEATH?			
MEDIC	Defhullt	w	_					1   YES 2   NO			
HYSICIAN:											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DE THER:		11/2mm					
X	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	26b, TIME O	Nursing Home 6 Ref		Other (Specify)	JURY OCCURED				
0	1 Natural 5 Pending	(Month, Day, Year)	เทากม	WORK?  M 1 YES 2							
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spec	/ — At home, farm, stree	nt, tactory, offica	28						
Œ	4 Homicide determined	building, etc. (Spec	cary)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my know	rledge, death occurred s	t the time, data and place,	and due to t	the cause(a) and mann	er as stated.				
8	ana)	ER: On the basis of examination	on and/or investigation, i	n my opinion, death occur	ed at the time	e, data and place, and	dus to the cause	(s) and manner as stated.			
BEC	29b. SIGNATURE AND TITLE OF COUTING	7		29c. LICE	NSE NUMBE	R	29d. OATE SIGNE	D (Month) Day, Year)			
9 9	Aur.). M	m		1 72	2651	16	• 91	15 50			
F	30 HAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	1475	TA	Net	Ave i	FRED MD 2/7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Prode 10			*					
	SFP 2.7 '90	gulia David	Mon-Market								

burial-transit permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND

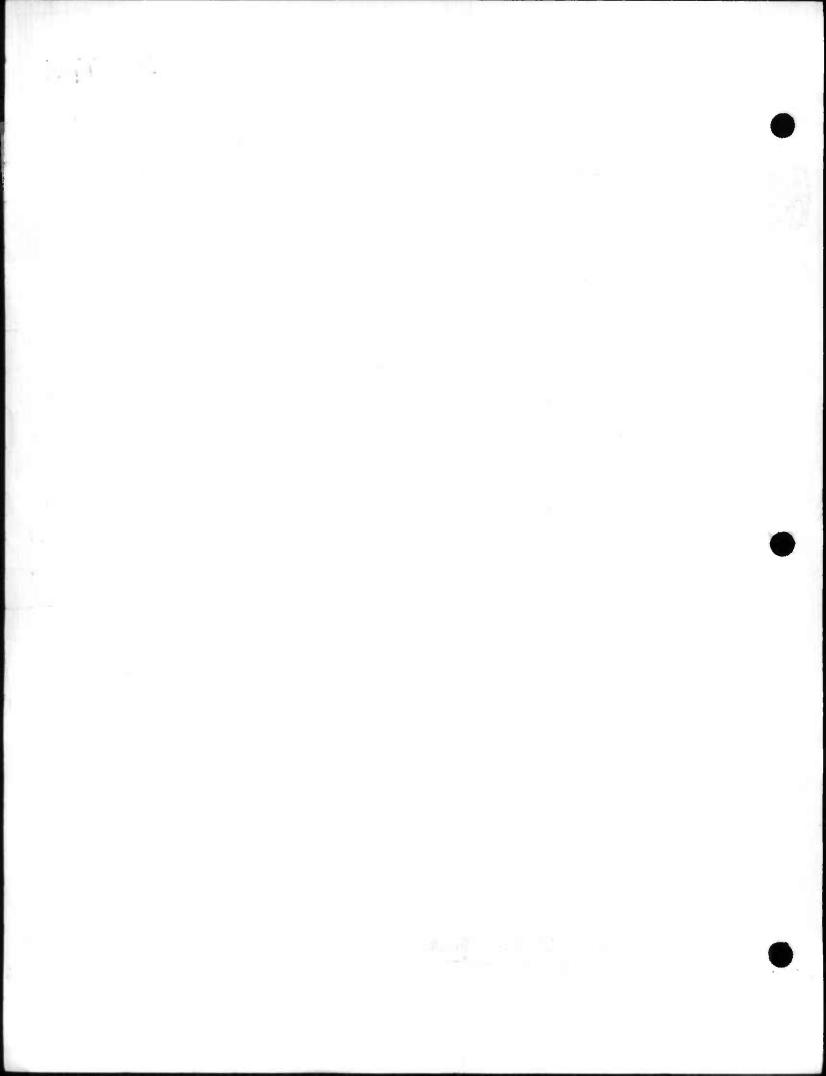


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he law	has	Depl (	n 23	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rious after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ENDI	DR: A	fter d	89	
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / I	DEPARTMEN RTIFICAT	T OF HEALTH A	AND MENTA	L HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Anderson			2. DATE MONT	OF DEATH	9	AR 3. TI	ME OF DEATH
		SEX 8. AGE (in yrs. lest i	VRS. IF UND	ER 1 YEAR IF UNDER 24	MIN. 7. DATE (Montil	OF BIRTH		SIRTHPLAC	E (State or Foreign
OR	ETC 4 TO		9b. Cr	DAIII	ore C	1: /4	9c. COUNTY	OF DEATN	
DIRECTOR	the STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION	?)	-//			INSIDE CITY LIMITS? YES 2 NO
	10e. STREET AND NUMBER	und Ane	7	10f. ZIP CODE	200		10g. CITIZEN	-	
BY FUNERAL	11. MARITAL STATUS 12. 1	WAS DECEDENT EVER IN U.S. ARM FORCES? 1 TES 2 NO IF YES, GIVE WAR OR DATES	IED 1	3. WAS DECENOENT OF If yea, specify Cuben, 1  YES 2 NO	Mexicen, Puerlo		or No- 14.	RACE — A Black, Whi	mericen Indien, te, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)  C	ON 16a. DEC (G/M	Op NOT use retired	ne during most of working		. KIND OF BUS	SINESS/INDUST	RY	
	17. FATHER'S NAME (First, Middle, Last)  HENRY AND	erson	) isAb		ER'S NAME (First,	Middle, Melden	Surname)	,5	
TO BE	INFORMANT'S NAME (Type/Print)	L. Davis 19h	MAILING ADDRE	SS (Street and Number of	or Rural Route Num	ber, City or Tow	n, State, Zip Coo	to)	
	20s. METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Removal  4 Donation 6 Other (Specify)	from State pther place		Name of cometery, crome	tory or	20c. LQ	CATION - City	or Town, S	um
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Rupp	2	2. NAME AND ADDRESS	Non	SSF	UNES C.BAI	Al of	dazie
		plications that caused the des	ith. Do not ent	er the mode of dyin	ig, such se cer	diec or respi	retory srrest		Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition resulting in death) s	Aspiration Due to (or as a consequence)	pneu	MONÍA					Oliset shu Destit
NO	Sequentially list conditions,	ECOL: 59							
CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	dementa DUE TO (OR AS A CONSEO					·		
ERTIF	thet initieted events resulting in deeth) LAST	CVA							
MEDICAL C	PART II. Other significent conditions of		eaulting in the	underlying ceuse gi	iven in Part I.	24a. WAS AN PERFOR	RMED?	CON DF I	LE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATN?
		isorde						1	YES 2 NO
PHYSICIAN:		OSPITAL: Inpatient 2 - ER/Outpatient 3	DOA 4 D	26. PLACE OF DE IER: Nursing Home 6 - Res					
ву РН	27. MANNER OF DEATH  1. Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		SCRIBE HOW	NJURY OCCUR	EO	
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At her building, etc. (Specify)	me, farm, street, 1	factory, office	28f. LO(C/h)	CATION (Street or Town, State)	and Number or i	Rural Route	Number,
COMPLETED	Check only	N: To the best of my knowledge, dea On the beele of examination end/or in						ause(e) end	I manner se stated,
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	MD		29c. LICE	NSE NUMBER	,	29d. DATE S	GNED (Mod	nth, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	OMPLETEO CAUSE OF DEATH (ITEM	4 27) (Type, Print)						

Ball. MS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

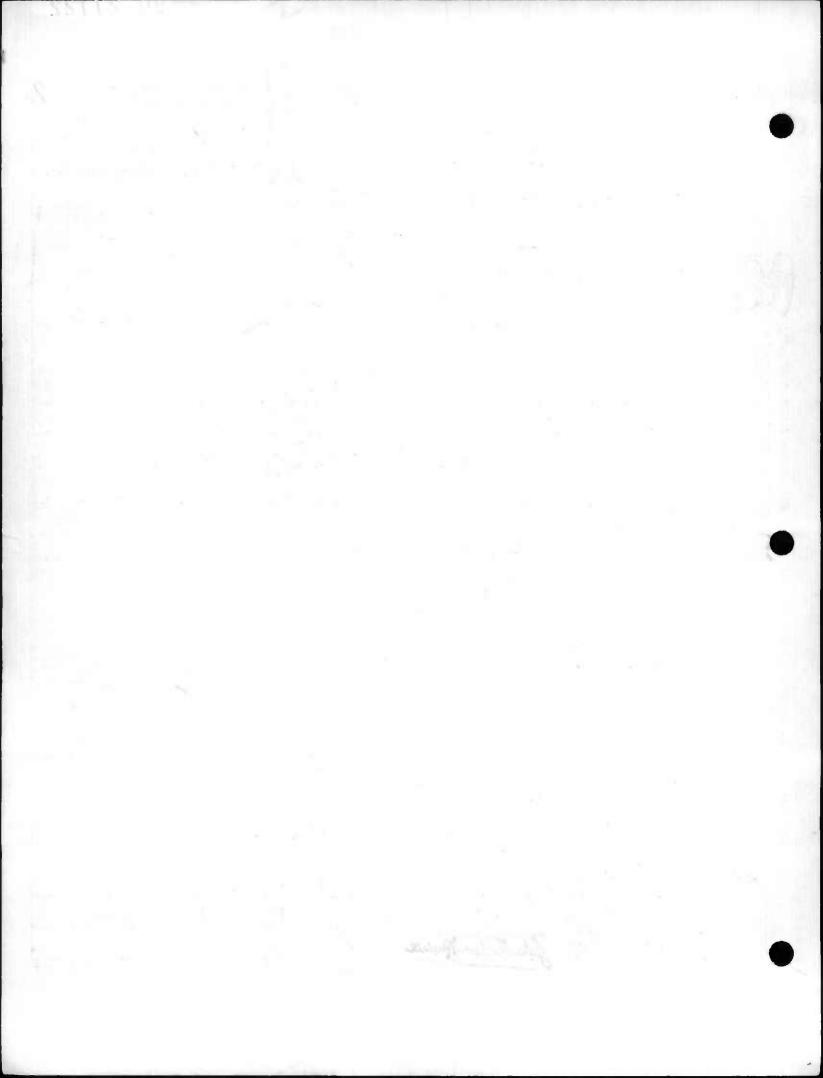


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept. or Health and Mental Hyglene prior to burila, certainfon, or removal.

IMPORTANT: if Imm 28 is marked, or item 23 shows envi Intur, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-31 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

mt. Pages 1, 2, 3 should

	C	EHITICAL	E OF DEATH	REG. NO.	000100
1. DECEDENT'S NAME (First, Middle, Last,	Ben	ris l		2. DATE OF DEATH MONTH DAY	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER  215 - 78-2787  Sa. FACILITY NAME (If not institution, give	S. SEX  6. AGE (In yrs. In  1 2 5 2 9  street and number)	YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year)  DEATH  9c. (	8. BIRTHPLACE (State or Poreign Coughty)
RESIDENCE OF DECEDENT 104. STATE 104/COUN	usta Ave	10c, CITY, NOWN	BAITIMONE	v City	
		BA	11more	je	10d. INSIDE CITY LIMITS? 1 PYES 2 NO
10e. STREET AND NUMBER  17 S + U.S. U.S.  11. MARITAL STATUS  1 S Noor Merital 2 Marital	ta Ave.		2/28	29 log.	CITIZEN OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 TYPES 2 THE IF YES, GIVE WAR OR DATES	RMED 13	I WAS OECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 HO Spec		14. RACE — American Indian, Black, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) (	DECEDENT'S USUAL. Give kind of work doning. Do NOT use retired.	during most of working	16b. KIND OF BUSINESS	/INDUSTRY
17. FATHER'S NAME (First, Middle, Lasy)	Rain	-	18. MOTHER'S I	AME (First, Middle, Meiden Surnen	10)
199, INFORMANT'S NAME (Type/Print)	BROWN		SS (Street and Number or Run	I Route Number, City or Jown, State	7.5 Zip Codyl /
70 15 SO AN 20a. MEDHOD OF DISPOSITION	BROWN !	175.A	ugustri	Ave. BALI	D. md. 2128
1 Description 5 Other (Specify)	moval from State	hulus	Megho at cometery, crematory b	THE BA	1 - City or Town State Mc
at signature of Funeral Service I	L. Russ	2	NAME AND ADDRESS OF	FUSS FUN	peral Hom
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Mycop as a consi	EQUENCE OF):	Arr error	Acquired In	nmunodeficiency
that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EQUENCE OF):			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are supported by the conditions are suppo	one contributing to death but not	resulting in the	underlying cause given	n Part I. 24a. WAS AN AUTOI PERFORMED? 1 □ YES 2 ☑ NO	AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (	Check only one)	
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   EP/Outputient		ER: uraing Home 5 Neeldenc		spice Care at home
	28a. DATE OF INJURY	25b. TIME OF	28c, INJURY AT WORK?	28d. DEŞCRIBE HOW INJURY	Annuara
27. MANNER'OF OEATH  1 Natural 5 Pending 2 Accident Investigation		M	1 YES 2 NO		
27. MANNER OF OEATH  1  Netural 5  Pending Investigation 2  Accident 9  Could not b determined	28e. PLACE OF INJURY — At I building, etc. (Specify)		actory, office	281. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
27. MANNEP OF OEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b determined  29a. CERTIFIER Check only 1 CERTIFVING PHY	28e. PLACE OF INJURY — At I	death occurred at the	ettory, office	City or Town, State) us to the cause(a) and manner as	mber or Rural Route Number,
27. MANNER OF OEATH  1	28e. PLACE OF INJURY — At I building, etc. (Specify)  //SICIAN: To the best of my knowledge, NER: On the bests of examination and/o	death occurred at the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the reference of the r	ettory, office	City or Town, State) ue to the cause(a) and manner are time, data and place, and due	mber or Rural Route Number,





FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE	OF I	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest) SAMUEL C.	BRAD	LEY JR				2. DATE O	- 05 - 90	YEAR	3. TIME OF DEATN		
4. SOCIAL SECURITY NUMBER 250-01-2276	5. SEX 6.	AGE (In yrs. lest birthday) 7 9 YRS.	IF UNDER 1 Y		IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 5 –	F BIRTN Day, Yber) 22 - 11	8. BIRT Coun	NPLACE (State or Foreign Inv) S.C.		
9a. FACILITY NAME (If not institution, give 1920 KENNEDY RESIDENCE OF DECEDENT					LOCATION OF DE		9c.	COUNTY OF	DEATN		
10a. STATE 10b. COUNT	TY .		Y, TOWN DR		CITY	,			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 ND		
100. STREET AND NUMBER 1920 KENNEDY	AVE.			10f. 2	21218	3	10g.		EN DF WHAT COUNTRY? USA		
11. MARITAL STATUS  1 Never Merried 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	lf y	res, spec	NDENT OF HISPAN lify Cuban, Mexica NO Specify	n, Puerto Ri	(Specify Yes or No can, etc.)	Blac	RACE — American Indian, Black, White, etc.		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 t h		16e. DECEDENT'S (Give kind of Me. Do NOT u	work done dur se retired.)	UPATION ring most	of working	18b. I	KIND OF BUSINES	S/INDUSTRY	DETTOR		
17. FATHER'S NAME (First, Middle, Lest) SAMUEL C. BRA	ADLEY SR.			Т	18. MOTHER'S NA LENA	ME (First, Mi	lddle, Malden Sumai	me)			
19a. INFORMANT'S NAME (Type/Print) CELESTINE BRA	ADLEY	19b. MAILING 1920	KENN	Street and	AVE	BALT	I MORE,	MD.	21218		
20s. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)		BALTIMOR	RE CE	MET	ERY		BALTI				
PL BIGHATURE OF FUNERAL SERVICE L	TA D				MARCH		1101	FN	IORTH AVE		
ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)	Moto	R AS A CONSEQUENCE O	Lim	7	Cancel				Onset and Dea		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSEQUENCE O									
PART II. Other significant condition	one contributing to de	eath but not resulting	In the unde	erlying	cause given in		24s. WAS AN AUTO PERFORMED 1 YES 2 XN		b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:		CE OF DEATH (Ch		,				
1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE DF IN (Month, Day,	ER/Outpetient 3 DOA  IJURY Year) 28b. Till							OCCURED		
2 Accident investigation 3 Suicide 5 Could not be 4 Homicide determined	28a, PLACE OF	INJURY — At home, farm, c. (Specify)						t and Number or Rural Route Number, e)			
and and		y knowledge, death occur mination and/or investigati							(e) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIE Land S. W.	nger, 1	l n			29c, LICENSE NUI D 17	MBER 207	294	DATE BIGNE	0 (Worth, Day, Year)		
The Johns Ha	12		(PINTP	(	Ba	Ho.	MD.	2120	5		
31. DATE FILED (Month, Day, Year)  OCT 1 0 1990	Julia Dan	s signature Middon-Mandall									

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BALTIMORE, MARYLAND

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	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and in market or them 22 about any injury or ather transmission and an ending an antifficial and the most and in an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial and an antifficial antifficial antifficial and antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial antifficial
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1 DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1990 Braxton George 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 11-22-1916 DAYS HOURS 1 M 2 F 243-03-3344 73 YRS. N.C. Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 5206 Fern Park Avenue DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY Baltimore Md 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21207 USA 5206 Fernpark 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 ND Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Steam Ship Trade College (1-4 or 5+) dary (0-12) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Mary Spell Alfred Braxton BE 19a. INFORMANT'S NAME (Type/Print) Baltimore, Md 21207 19b. MAILING ADDRESS (Street and Number 2 5206 Fernpark Avenue Sylvia Braxton METHOD OF DISPOSITION
Burlal 2 Cremation 3 Rec 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Md Nat Memorial Park Laurel, Md 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West a 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Batw **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) AIL Q CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24s. WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 Realdence 6 Other (Specify) 4 - Nurs 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 🔲 Sulcide COMPLETED 6 Could not be 4 Homicide SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 260

PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

July Destatons Handress

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BALTIMORE, MARYLAND 21203-3146	icate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BOX 13146,	executed wit	and comple
BOX	ficate be	physician

THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certifi DIVISION OF VITAL RECORDS, P.O.

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31. DATE FILED (Month, Dey, Year)
DEC 0 4 990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

32. REGISTRAR'S SIGNATURE Luka Davidson

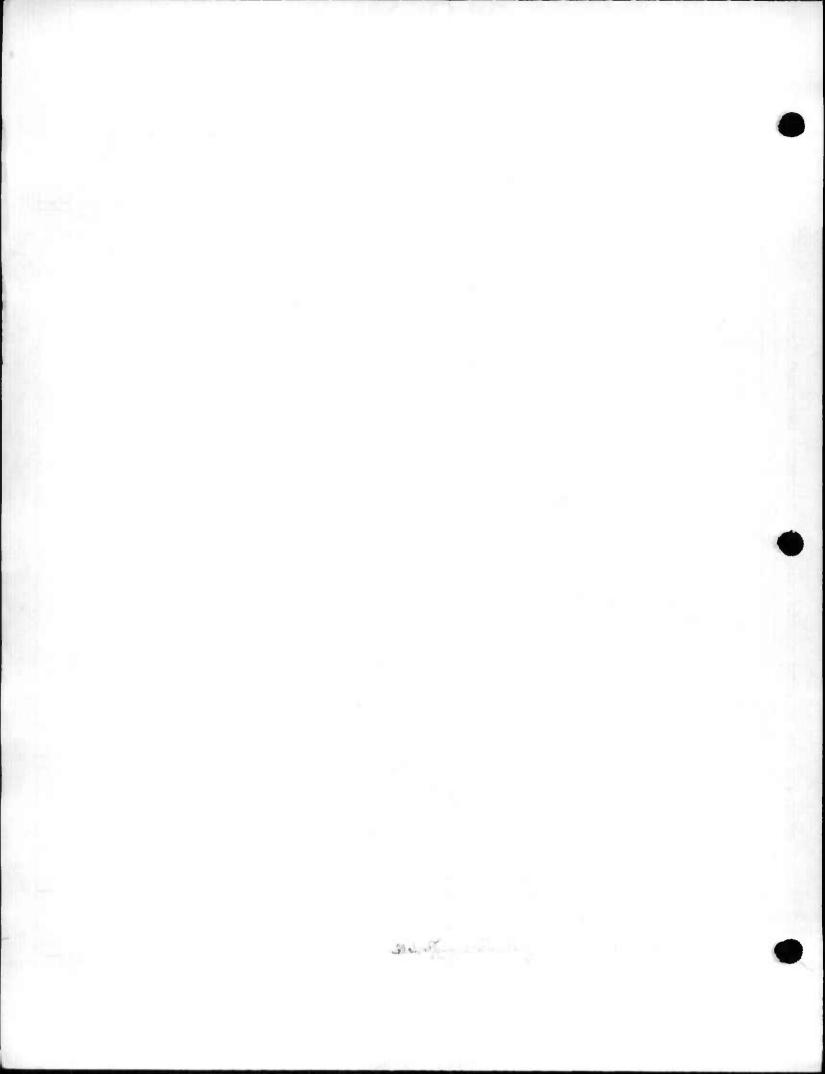
Tony P. Kannarkat

	REGISTRAR	t. 1 M		CE	HIFIC	AIE	OF I	DEATH	1	HEG. NO.		1	THE OF DEATH
	1. DECEDENT'S NAME (First, Middle Victor B	Brown							2. DATE OF MONTH	DEATH DAY	9(	EAR	1943 A
-	4, SOCIAL SECURITY NUMBER	5. SEX	6. /	AGE (In yrs. lest	birthday) #	F UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE OF				CE (State or Foreign
	407-20-1711	1 ₩ Μ		70				HOURS MIN.	(Month, D	ey, Year) t 28,1		Country)	- 1
	9a. FACILITY NAME (If not institution	1 11		70	96	b. CITY, TO	OWN OR	LOCATION OF D			c. COUNTY	Kent	
SH	Washington	Adventi	st Hos	pital		Tak	coma	a Park			Mont	omer	v
5	RESIDENCE OF DECEDE	COUNTY											
DIRECTOR	Unknown	COUNTY			10c. CITY, T	CHOWN		ON					I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				UILE	CHOWL		ZIP CODE		11	log. CITIZEI		COUNTRY?
FUNERAL	Unknown						IIn	ıknown			Unit	ed S	tates
N N	11. MARITAL STATUS			VER IN U.S. ARI		13. WA	S DECE	NDENT OF HISPA	NIC ORIGIN? (	Specify Yee or	-	RACE -	American Indian.
BY F	1 Never Married 2 Marrie		S, GIVE WAR	YES 2 N OR DATES	0			city Cuben, Mexico		an, etc.)		Black, WI Specify:	
	3 Widowed 4 Divorced		Yes	I					1			Bla	ck
ETED	(Specify only high	T'S EDUCATION est grade completed		(Gr	EDENT'S US re kind of worl Do NOT use n	k done duri	ing most	t of working	16b. K	ND OF BUSIN	ESS/INDUS	TRY	
7	Elementary/Secondary (0-12)		(1-4 or 5+)		nestic	500	r k		p	rivate	Home		
COMPL	17. FATHER'S NAME (First, Middle,		-	201			_	16. MOTHER'S NA					
	Unknown							Lucil1	e Brow	vn.			
) BE	19e. INFORMANT'S NAME (Type/Pr	rint)		19b	MAILING A	DDRESS (S	Street and	d Number or Rural			State, Zip Co	ode)	
5	Georgia Smith			10	022 Mc	Kin1	Ley	Avenue	E1kha:	rt, In	diana	46	516
	20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3	X Removal from	State	20b. PLACE other pis		ION (Name	of come	etery, crematory or			TION — CI		
	4 Donation 5 Other (Special September 2)	elfy)						D ADDRESS OF F		Elkh	art,	Indi	ana
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Onset							Interval Batw Onset and D			
				AS A CONSEC									
NO O	Sequentially list conditions,	_ b		O Inte		L Ble	eed						
AT	if any, leading to immediata csuse. Enter UNDERLYING			ary Ar		)ises	2356						
CERTIFICATION	CAUSE (Diseese or Injury that Initiated events	1 .		AS A CONSEC			130						
H	resulting in death) LAST	d	Malig	nency (	of G.I	. Tr	act	Probab	1e				
	PART II. Other significant co	onditions contri	buting to de	eth but not r	eaulting in	the unde	arivino	ceusa given ir	Part I. 2	4e, WAS AN AI	JTOPSY	24b. WE	RE AUTOPSY FINDI
EDICAL							,	,		PERFORM	ED?	AM	AILABLE PRIOR TO IMPLETION OF CAUS
-										YES 2	_ NO		DEATH?
Σ.									_			1	
SICIAN:	25. WAS CASE REFERRED TO ME							ACE OF DEATH (C	heck only one)			1	
SIC	EXAMINER?		PITAL: eatlant 2 - El	R/Outpatient 3		OTHER:		5 🗆 Residence	8 🗆 Other (	Specify)			
PHY	27. MANNER OF DEATH	28	a. DATE OF IN. (Month, Day,		28b. TIME		8c. INJL		28d. DEŞC	RIBE HOW IN.	URY OCCU	RED	
BY	1 Netural 5 Pend 2 Accident Inves	ling itigation				M		ES 2 NO					
	3 Sulcide 6 Could 4 Homicide deter	d not be	e. PLACE OF II building, ato	NJURY — At he c. (Specify)	me, farm, str	eet, factor	ry, office		281. LOCAT	TON (Street en Town, State)	d Number o	Rural Rout	e Number,
APL	anal orny	NG PHYSICIAN: To											
COMPL	2 MEDICAL	EXAMINER: On the	basis of exam	nination and/or	investigation,	in my opi	Inlon, de	eath occured at th	e time, data e	nd place, and	due to the	cause(a) ar	nd menner ee state
BE	29b. SIGNATURE AND TITLE OF	CERTIFIER	16	t mi				29c. LICENSE NO.				SIGNED (M	onth, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8201 16th Street Silver Spring, Maryland DHMH-18 Rev 1/89

90-27725



DIVISION OF VITAL RECORDS, P.O. 60 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cer-

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention whetely filled in by the funeral director, page 5 should be di	400	IMPORTANT: It isom 28 is marked, or item 23 shows any injury, or other traumatic eyent, the medical examiner must be notified at o
-	F	۵	=

31. DATE FILED (Month, Day, Year)

OCT 1 0 1990

								91	) 2	7726
	1 - FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH AND OF DEATH	MENT	REG. NO.		J 1.2	
	1. DECEDENT'S NAME (First, Middle, Last)						TE OF DEATH	Y Y	EAR	IME OF DEATH
	Louise C. Borl	and				1		90	13	2:30AH
	4. SOCIAL SECURITY NUMBER 217-16-5012	5. SEX 6. AGE (	In yrs. lest birthdey) 83 YRS.	IF UNDER 1	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(M	TE OF BIRTH onth, Day, Year) - 18 -		Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give st		9b. CITY, 1	TOWN OR LOCATION OF D	PEATH	9c. COUNTY OF DEATH				
9	5115 King Avenue			Baltimore			Baltimore			
គួ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OF	LOCATION				10d.	INSIDE CITY
DIRECTOR	Maryland Bal	timore	B	altim	ore Tipe, ZIP CODE			10g. CITIZEN		LIMITS? YES 23 NO
FUNERAL	5115 King Avenue				21236			U	.S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			AS DECENDENT OF HISP/ yes, specify Cuban, Maxic			or No- 14	RACE A Black, Wh	merican Indian, ita, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	ATES TE		YES 2 TYNO Spec				Specify: White	e	
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done di	CUPATION uring most of working		18b. KIND OF BUS	SINESS/INDUS	TRY		
F	4th Grade	College (1-4 or 5+)	Sausage	e Man	afacturing		Ess	kay		
COMPL	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (Fir	st, Middle, Malden	Sumame)		
BE C	John Milke				Cathe	rin	e Kahle	r		
0	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	(Street and Number or Rura	l Route N	lumber, City or Town	n, State, Zip Co	de)	
ا۲	Robert Borland		4820	King	Avenue Ba	lti	more, M	arylan	.d 2	21236
	20a. METHOD OF DISPOSITION  120 Burial 2 Cremellon 3 Ram  4 Donation 8 Disper Specify	oval from Stata	other place)		e of cometery, cremetory or ith Cemeter		1	cation — cm Balto.		
	21. SIGNATURE OF PUNERAL SERVICE UK		9/		AME AND ADDRESS OF F					
	Jassaln	Querel	Hom	e I	ASSAHN FUNI	TRAL	HOME			ir Road 1. 21236
	23-PART I, Enter the diseases, or abook, or heart failure.	complications that cause	d the death. Do	not enter	the mode of dying, au	ch ae d	cardiac or respi	ratory arres	t, [	Approximate interval Between
	disease or condition	A CUTE	YYOCAI	2DIA	L INFAR	'c7,	YON			Onaet and Death
	resulting in death)				CARDIOV		1.0	DISA	ASE	SEVETA
ō	Sequentially list conditions,		CONSEQUENCE		0 3/07	7350		0,50		198755
₩.	if any, leading to immediate cause. Entar UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	HF):						
H	resulting in death) LAST	d								
1 -	PART II. Other aignificant condition	ns contributing to death b	out not resulting	in the unc	derlying cause given i	n Part				RE AUTOPSY FINDINGS
EDICAL							PERFOR		COI	ILABLE PRIOR TO WPLETION OF CAUSE DEATH?
									1	YES 2 NO
¥										
¥	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (	Check on	ly one)			
Sic	1 YES 2 YNO	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 🗆 DOA	4 Nurs		6 🗆 6	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Notural 5 Pending	28b. TII	ME OF JURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCURED					
ED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined	f — Al home, farm, clfy)	home, farm, street, factory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
Lij	29a. CERTIFIER									
COMPLET	(Check only	ER: On the basis of axemination								d manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE N	UMBER	- 1	29d. DATE 8	BIGNED (Mo	ritit Day, Year)
TO BE	Wilfelmera 30. NAME AND A CORESS OF PERSON WI	of COMPLETED CAUSE OF OR	/4.D.	a Print1	213	50.	21	<b>&gt;</b> /	0/81	190
	WILHELMINA	PAGLINA.		D,	85521	241	LADELI	HTA	Rd.	BALTO.
1	31. DATE FILED (Month, Dey, Year)	32 REGISTRAR'S SIGN	VATURE						MI	0 2/23-

DHMH-18 Rev 1/89

0.00

(a) (b)

- 9 81

		1. DECEDENT'S NAME (First, Middle, Lest)
1		Karen
フ		4. SOCIAL SECURITY NUMBER 212-96-8267
pino		9a. FACILITY NAME (If not institution, give stre
3 should	۳.	FRANKLID SOUND
1, 2,	5	RESIDENCE OF DECEDENT
permit, Pages 1, 2,	E I	MD BAL
amit.	1	10e. STREET AND NUMBER
nsi i	TO BE COMPLETED BY FUNERAL DIRECTOR	3414 ORLANDO
46 physician. burial-transit	N	11. MARITAL STATUS 1 Never Married 2 Married
314( ling ph	BY	1 Never Married 2 Married 3 Widowed 4 Divorced
203-3	ED	15. DECEDENT'S EDUCA (Specify only highest grade of
212 al or a for us		Elamentary/Secondery (0-12)
D hospit	MP	12TH.
ANC the hor detach	ပ္ပ	17. FATNER'S NAME (First, Middle, Last)
AYL ed by old by	BE	JAMES HUMPHE
BALTIMORE, MARYLAND 21203-3146  Maryland and within 2-mous after death. Page 6 may be retained by the hospital or attending physician accompletely filled in by the funeral director, page 5 should be detached for use as the burial-transform, cremation, or removal.  Other traumatic event, the medical examiner must be notified at once.	임	RAYMOUR BLAY
E, I		20a. METHOD OF DISPOSITION
OR De 6 m irector, mus		1 Donation 5 Other (Specify)
TIN h. Pag braid		21. SIGNATURE OF FUNERAL SERVICE LICE
SAL's death		> RAKen L
within 2- ours after apletely filled in by the cremation, or removal vent, the medical		23. PART i. Enter the diseases, or co shock, or heart fallure. L
filled in		IMMEDIATE CAUSE (Fine)
6, within npletely cremati		disease or condition resulting in death)
eomic companies, conficerviews	_	
ECN	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate
	CA	cause. Enter UNDERLYING CAUSE (Disease or injury
	E	that initiated events reaulting in death) LAST
P. C. attend	CEH	4
ECORDS; P. quires that the leath an signed by the atter Health and Mental ows any Injury, o	AL	PART II. Other algnificant conditions
S that ned by lith any	DIC.	Alcohol Abuse
ECC equires of Hea	M	<u>Multiple Subst</u>
law ras be bept.	N.	25. WAS CASE REFERRED TO MEDICAL
VITAL F ICIAN: The law bentificate has b the State Dept.	CC	EXAMINER?
Sicial Certification of the	H	1 YES 2 NO 27. MANNER OF DEATN
PHYSI r this o	Y P	1 Natural 5 Pending 2 Accident Investigation
ISION OF V TTENDING PHYSICIAL TOR: After this certifi after death with the i	OB	3 Suicide 6 Could not be
DIVISION OF VITAL RECORDS; P. O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the épath of THE FUNERAL DIRECTOR: After this certificate has been signed by the attendant filed within 7.5 hours after death with the State Deti. or Health and Marinal Hing PORTANT: If Item 28 is marked, or Item 23 shows any Inlivy, or or	BE COMPLETED BY PHYSICIAN:	4 Nomicide determined
DIV AL OR A AL DIREC 72 hours	APL	29a. CERTIFIER (Check only  One)  1 CERTIFYING PHYSIC
OSPIT JNERA ithin 7	SON	000) 2 MEDICAL EXAMINER
THE HOSPIT THE FUNER filed within 7	3E (	296. SIGNATURE AND TITLE OF CERTIFIER
5 5 3 M	70	Amallian M
		30. NAME AND ADDRESS OF PERSON WING

					-						HEG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE O		Y	YEAR	3. TIME OF DEATH
Kare		Marie		BLA'	YL OC	K				Octo	ber 6	.199		6:39 p M
4. SOCIAL SECURITY NUMB	ER	5. SEX		yrs. last bir		F UNDER 1		IF UNDER		7. DATE 0 (Month,	F BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
212-96-82	267	1 M 2 F	22		YRS.	ONTHS	DAYS	HOURS	MIN.		3 2,19	68	BAL	A .
9a. FACILITY NAME (If not in		reet and number)			8	b. CITY,	TOWN C	OR LOCATION	ON OF DE			_	NTY OF DE	
FRWKLIP	Sans	BE HOE				120	SSLI	LIE				D-1.	+ ima	o Counti
RESIDENCE OF DEC		Legal Lines				,						Dq I	LIHOY	re County
10a. STATE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										10d. INSIDE CITY LIMITS?			
MR BALTIMORE PARKUILLE 1 1 YES 2 10														
10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTY									IAT COUNTRY?					
3414 ORLANDO AUE : 21234 USA.														
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN L	U.S. ARMED	D	13. W	AS DEC		- (	IIC ORIGIN?	(Specify Yea	or No-	14. RACE -	- American Indian.
1 Never Married 2	Married		YES	2 NO		H	yes, sp		n, Maxica	n, Puarto Ri			Black,	White, etc.
3 Widowed 4 Divo	rced	IF TES, GIVE V	WIN OR DAT	40		1 '	TES	2 UPNO	Specify	,.			эреспу	WHITE
	EDENT'S EDUC		1	18a. DECED	DENT'S U	BUAL OC	CUPATIO	ON	_	18b.	KIND OF BUS	INESS/IND	DUSTRY	
(Specify only	r higheat grade	completed)		(Give I	kind of wo	rk done di retired.)	uring mo	al of working			LOR			HER
Elementary/Secondary (0		College (1-4 or 5	"	DATA	LEI	STRI	Y C	LER	K		AFI	RDW	JARE	
17. FATNER'S NAME (First, M							_	18. MOTT	HER'S NA	ME (First 14	liddle, Maiden			
	1	0**									BOGAI			
190. INFORMANT'S NAME (7	1011 PH	KLI		401 11	AAH MAA .	DDBCCC	/C+		_				n Cartel	
RAY MOND		1 401		19b. M	ALLING A						er, City or Town			24
		MOCK	-	3	714					= B	-		212	
20a. METHOD OF DISPOSITI	n 3 🗆 Rame	oval from Stata	(	PLACE OF other place)	)	_			natory or		20c. LO		City or Tow	m, State
4 Donation 5 DOther	(Specify)		r	neth	20.	_						MD.		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7401 Bel:							lair Road							
PRAKEN Land FH. LASSAHN FUNERAL HOME Balto., Md. 212														
				Alexander and	Do =	-		-						
23. PART i. Enter the di ahock, or h					ח. טס מס	c enter	ına mc	caa or dy	ing, suc	n as cerd	INC OF TON	. www.y ari	reat,	interval Between
IMMEDIATE CAUSE (Fir	IMMEDIATE CAUSE (Fine)													
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resulting in death)	<b>→</b>	. Metabo	lic.	Non-	Anio	n_Ga	ap A	cido	sis					
	<b>→</b>				Anio ENCE OF):	n Ga	ap_P	\cido	sis_					
resulting in death)		_ Ischem	ic Co	lon			ap_P	cido	sis_					
	iona, diate	L Ischem		lon			ap_A	\cido	sis_					
Sequentielly list condit if any, leading to imme cause. Enter UNDERLY	iona, diate	Ischem DUE TO Sepsis	ic Co	lon	ENCE OF):		ap_F	\cido	sis_					
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Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	iona, diate NG Irry T Int condition Abuse	Sepsis  Liver	O (OR AS A C) Failu O death bu	Ton Conseque Conseque	ENCE OF):					Part I.		MED?		WERE AUTOPSY FINDINGS
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centered precipit within 25-10urs after death. P.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending a completely filled in by the funeral of the series stated on the formation, or removal.	De they within 12 fortune mean win use one open covers and a state trainmarks event the medical examinations as the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical examination of the medical exami
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	1. DECEDENT'S NAME (First,		nthony	M. Bal	mos					2. DATI	-5-1	90_	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	DÉR	5. SEX 1 (1) M 2 - F	6. AGE fin yrs. is New Born	st birthday) YRS.	IF UNDER	OAYS	IF UNDER	MIN.	(A = -	OF BIRTH th. Day, Year)		Coun	B. BIRTHPLACE (State or Foreign Country)Waryland	
H.	90. FACILITY NAME (Il not in Franklin				imo:	ion of DE	EATH		-	inty of t Ltin					
DIRECTOR	100. STATE  10b. COUNTY  Baltimore					ry, town	OR LOCAT							10d, INSIDE CITY LIMITS?	
1 16	10e. STREET AND NUMBER					ьа		. ZIP COD	E					1 Tes 2 X NO	
BY FUNERAL	124 CONESTO  11. MARITAL STATUS  1 X Never Married 2 3 3 Widowed 4 Divo	Morried	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO		If yea, sp	ecity Cub	OF HISPAI	n, Puerto	N? (Specify Yo Rican, atc.)		S.A 14. RAC Blac Spec	E - American Indian, ck, Whita, etc. White	
8		EDENT'S EDUC y highest grade 0-12)		S	ECEDENT'S Give kind of le. Do NOT (	work done	CCUPATION MO	ON ast of work	ing	16	b. KIND OF B	USINESS/IN	DUSTRY		
COMPLET	17. FATHER'S NAME (First, M	liddle, Last)	N/A		A_N		-	16. MOT	THER'S NA	ME (First	N/A Middle, Maide	n Surname)			
BE C	Robert			Balmos_						resa		lughes			
01	Mr. Rober		Balmos	1							nber, City or To			220	
	Mr. Robert E. Balmos  124 Conestoga Rd.Balto., Md. 21220  20s. METHOD OF DISPOSITION  18 Burtel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Holy Rosary Cemetery  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home  7527 Harford Rd. Balto., Md. 21234														
CERTIFICATION	IMMEDIATE CAUSE (Fi disease or condition resulting in desth)  Sequentielly list condi- if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in deeth) LAS	tilons, odlete ling	c	respira o (or as a cons le cong o (or as a cons o (or as a cons	enita EOUENCE	al ma		mati	ions	, Ir	isomy	18		Onset and Death	
MEDICAL	PERFORMED?  AMAILABLE PRIOR  COMPLETION DF  OF DEATH?									Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO					
CIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only	one)				
PHYSICIAN:	1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE O	ER/Outpatient  F INJURY  Day, Year)	28b. T		28c. IN	JURY AT ORK? YES 2		_	her (Specify) ESCRIBE HOV	V INJURY O	CCURED		
TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined		OF INJURY — AI g, etc. (Specify)	home, farm	ı, street, fa	ctory, offi	ce	281. LOCATION (Street and Number or F City or Town, State)			per or Rura	l Route Number,		
BE COMPLETED	(Uneck only — —		ICIAN: To the best of											o(a) and manner as stated.	
TO BE C	296, SIGNATURE AND TITL		Suli		y'			29c. LI	CENSE N	JMBER		29d. D.	10/	ED (Month, Day, Year) 5/90	
	30. NAME AND ADDRESS ( Salvador P			000 Fra			are	Dr.	, Ba	to.	, MD	21237	7		
	31. DATE FILED (Month, De)		P. DEGIST	AR'S SIGNATURE	1.00		_							-	

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	RECTOR: After this certificate has been signed by the attending Novelland	urs after death with the State Dept. of Health and Mental Hygie	am 28 is marked, or item 23 shows any injury, or other traum
	DIRECTOR: After this certificate has been signed by the attending Novellin	hours after death with the State Dept. of Health and Mental Hygie	item 28 is marked, or item 23 shows any injury, or other traum
	AL DIRECTOR: After this certificate has been signed by the attending North	72 hours after death with the State Dept. of Health and Mental Hygie	If Item 28 is marked, or Item 23 shows any injury, or other traum
	ERAL DIRECTOR: After this certificate has been signed by the attending North	in 72 hours after death with the State Dept. of Health and Mental Hygie	T: If Item 28 is marked, or Item 23 shows any injury, or other traum
	UNERAL DIRECTOR: After this certificate has been signed by the attending increase.	ithin 72 hours after death with the State Dept. of Health and Mental Hygies.	NT: If Item 28 is marked, or Item 23 shows any injury, or other traum
	FUNERAL DIRECTOR: After this certificate has been signed by the attending North Inc.	within 72 hours after death with the State Dept. of Health and Mental Hygies in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	TIANT: If Item 28 is marked, or Item 23 shows any injury, or other traum
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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending a second in the funeral director, page 5 should be detached for use as the	i filed within 72 hours after death with the State Dept. of Health and Mental Hygies 1	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

90 27729 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR RHEA M. BARTON 6.50AM 10 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7. DATE OF BIRTH 10-13-1926 PENNSYLVANIA MONTHS DAYS HOURS 175-20-5874 1 | M 2 XXF 63 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9b. CITY, TOWN OR LOCATION OF DEATH CHURCH HOSPITAL CORPORATION BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10" CITY TOWN OB LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE DUNDALK 1 TES XX NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7111 MARTELL AVENUE 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. Il yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 10 Specify: FORCES? 1 YES 2 (40) 1 Never Married 2 Married Specific BY XX Widowed 4 ☐ Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12TH GRADE N/A HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HERBERT HIBNER RUTH TRESSLER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BRENDA COX 7111 MARTELL AVENUE BALTIMORE, MARYLAND 21222 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Buriel 2 Cremetion 3 Removal from State Donation 5 - Other (Specify) _ BALTIMORE. MARYLAND MEMORIAL 10-6-1990 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. Dood F 00 7922 WISE AVENUE DUNDALK. MD 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximete** shock, or heert fellure. List only one ceuse on each line. **Onset and Death IMMEDIATE CAUSE (Fine)** disesse or condition CARDIORESP Arrest resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): FULCATIVE CANCER CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 - Other (Specify) 27 MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending М 1 YES 2 NO B 2 Accident Investigation 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide ETED 8 Could not be determined

29a, CERTIFIER t 🗌 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, Year)

28 Dun ms. 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MURARI BIJPURIA, M.D. 3906 THOROUGHBR OWINGS MILLS, MD. 21117

31. DATE FILED (Month, Day, Year) DCT 1 0 1990

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DAY	90"	3. TIME OF DEATH
JOSEPH	CHEEK					10	07		
251-16-1649	5. SEX 6	6. AGE (In yrs. le	ret birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF B	5 - 22	8. BIRT Coun	S.C.
FACILITY NAME (If not institution, give at RELATE CONVALES)					OR LOCATION OF D		Bc.	COUNTY OF	DEATH
STATE 10b. COUNTY	,			Y, TOWN OR LOC					10d, INSIDE CITY LIMITS? I场对 YES 2 □ NO
STREET AND NUMBER			1		IOR E		Lan	OCCUPANT OF	WHAT COUNTRY?
116 McDonald Sty					21213		109.	USA	
MARITAL STATUS  Never Merried 2  Married  Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 _ IF YES, GIVE WAI	YES 2		if yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Speci	an, Puerto Ricar		14. RAC Blac Spe	E — American Indian, ck, White, etc. city: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)			USUAL OCCUPA work done during in se retired.)	most of working	18b, KIN	D OF BUSINESS	S/INDUSTRY	
		DL	1111	31666					
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WILLIE CHEE!	KS	1	2217		STBA				218
METHOD OF DISPOSITION  Burlel 2 Cremation 3 Remo	oval from State	WEST			CEMETERY		CATO		LE, MD.
SIGNATURE OF FUNERAL SERVICE LIC	ENSEE A		2		AND ADDRESS OF F		0.1101	1041	21202
- Vanessa	Coad			WM.C	. MARCH I	г.н. 11	01 E. I	NORTH	
MEDIATE CAUSE (Final sesse or condition sulting in death)			<u>_</u>	PRO	snods of dying, sur		or respirator	/ strest,	Approximate interval Bety Onset and D
quentially list conditions, leading to immediate use. Enter UNDERLYING USE (Disease or Injury it initiated events	b. DUE TO (C		EQUENCE OF	PRO PI: VICTI		16	or respirator	y srrest,	Interval Bets
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YES 2   NO ffice	Part I. 244  1 [  Deck only one)  5 Other (Sc  28d. DESCRII  28f. LOCATIO  City or R  e to the cause(e  time, date end	Decity)  Decity)  On (Street and Num, State)  and manner at place, and due	PSY 24 O FOCCURED	Interval Bet Onset and I

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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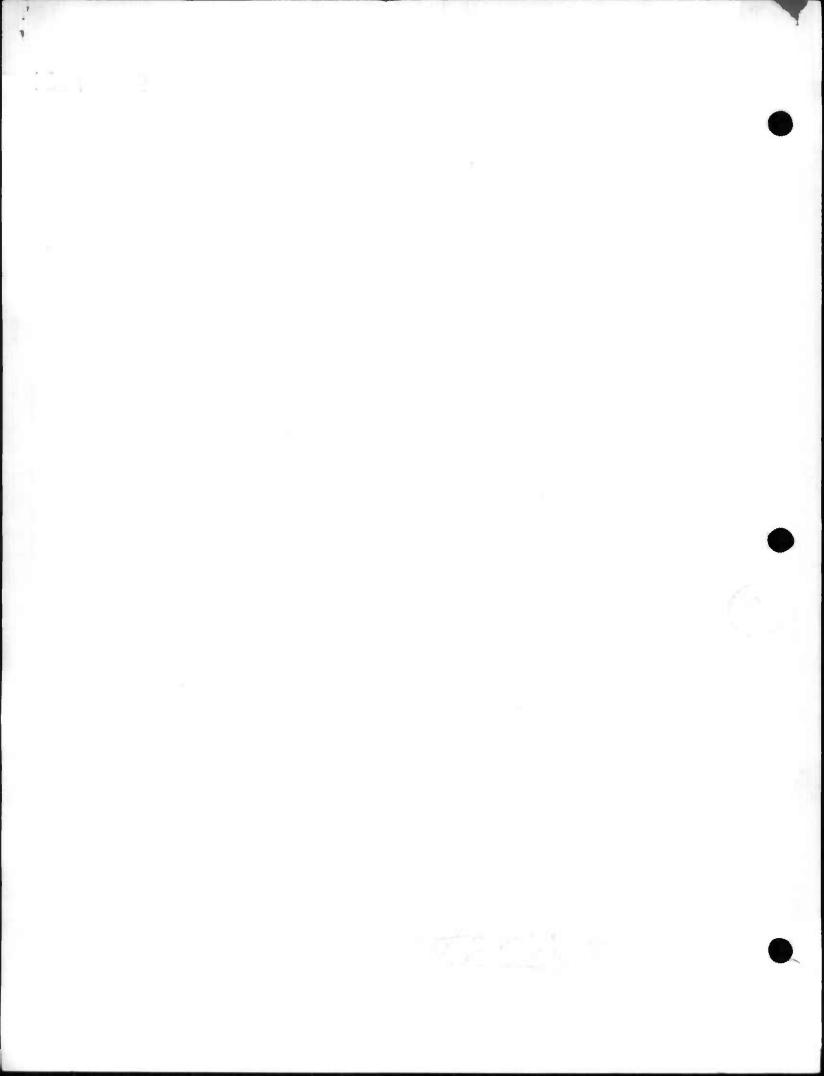
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Conti Sr.				2. DATE OF DEATH DATE OCTOBER 3	1	990	3. TIME OF DEATH 1:30 p.m.	N
5. SEX 1	6. AGE (In yrs. last t	 IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct.29,19		Country	PLACE (State or Foreign y) aly	
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тү		, town on Loca Itimore	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	_
			of. ZIP CODE		-42	ZEN OF W	VHAT COUNTRY?	

Joseph A ROCIAL SECURITY NUMBER Unknown 9a. FACILITY NAME (If not institution, give Franklin Square Host DIRECTOR HISIDENCE OF DECEDENT 10n. STATE Md. FUNERAL 100. STREET AND NUMBER 3513 Juneway Avenue 21213 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Never Married 2 X Married 1 TES 2 NO Specify. BY 3 Widowed 4 Divorced White 6 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) <u>Barber</u> 17 FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Angelo Conti Domenica Presti BE 19 a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 <u>3513 Juneway Avenue Baltimore, Md.</u> 21213 Anaelo Conti 2(a, METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Most Holy Redeemer Oct.6, 1990 4 Donation 5 Other (Specify) Crypt Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck Inc. 5305 Harford Rd. 21214 ▶ James F. Gladden Haddin ences 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiec or respiratory arrest, shock, or heert feliure. Liet only one ceuee on each lins. interval Between Onset and Death IMMEDIATE CAUSE (Finsi clisesse or condition Fibrillation. Ventricular resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): il any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Cariogenic Shock . 1 TES 2 NO History of Myocardial Infarction. 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 5. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Dinpetiant 2 - ER/Outpetiant 3 - DOA OTHER: 1 YES 2 NO ng Home 5 🗆 Rasidenca 6 🗆 Other (Specify) 7. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF INJURY 28d. OESCRIBE HOW INJURY OCCUREO 28c. INJURY AT WORK? 1 Netural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 26e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be detarmined COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFICS 29c. LICENSE NUMBER BE October 3, 1990

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jeffery Presser, M.D. 9000 Franklin Square Drive, Baltimore, Maryland 21237

31. DATE FILED (Month, Day, Your) July Davidson-Randell 0 1990



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

0.0 27722

	1 - STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	. 7	0 21132
	1. DECEDENT'S NAME (First, Middle, Last)	0 3	_		2. OATE OF DEATH	AY YE	3. TIME OF DEATH
		Carles	Gene	CHAFFIN	10 5	90	3:56 A M
	4. SOCIAL SECURITY NUMBER  235 ≈ 38 ≈ 8290	1\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	AGE (In yrs. lest birthday)  63 YRS.	MONTHS DAYS HOURS MR	(Month, Day, Year) 9-19-192	7	BIRTHPLACE (State or Foreign Country) KENTUCKY
TOR	9a. FACILITY NAME (If not institution, give at FRANKLIN SQUARE HESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION O ROSSVIL		Balt	of DEATH Simore
E C	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCATION		10d. INSIDE CITY	
PIO.	MARY LAND			BALTIMORE C	ITY		XX YES 2 NO
FUNERAL DIRECTOR	1021 HEWITT WAY				205	l	OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR		13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES NO S	xican, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	16. DECEDENT'S EDUC (Specify only highest grade	completed)	18a, DECEDENT'S (Give kind of life, Do NOT u	S USUAL OCCUPATION  work done during most of working	16b. KIND OF BU	SINESS/INDUST	FRY
PE	Elamentary/Secondary (0-12) HIGH SCHOOL	College (1-4 or 5+)		) WORKER	GENER	AL MOTO	ORS CORP
OM	17. FATHER'S NAME (First, Middle, Last)	N/A		Y	NAME (First, Middle, Maider		AND CORP
BE C	JAMES ELBERT CHAF	FIN		BERTHA	MAE CHANDL	ER	
TO B	19a. INFORMANT'S NAME (Type/Print)			G ADDRESS (Street and Number or R	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		M
F	ART STIDHAM			7 DELHAVEN ROAD			
	20a. METHOD OF DISPOSITION  1  Burlal 2  Cremation 3  Rame 4  Donation 6  Other (Specify)		other place)	SITION (Name of cometery, crematory  ILL MEMORIAL 10	-8-1990 BA	LTIMORE	E. MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	- Card	her.	22. NAME AND ADDRESS O DUDA-RUCK FU 7922 WISE AU	RERAL HOME OF FENUE DUND	F DUNDA	ALK, INC. 21222
	23. PART I. Enter the diseases, or cahock, or heart failure.						
	IMMEDIATE CAUSE (Finsi disease or condition resulting in desth)	MY	OCARDIA		2CT10N		Onset and Daath
_		OUE TO (O	R AS A CONSEQUENCE	Y ALTER	Y D15	MSi	YGARS
ATIOI	Sequantisily list conditions, if any, leading to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE	OF):			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):			
E		d,					
DICAL	PART II. Other significant condition	e contributing to de	seth but not resulting	in the underlying cause give		RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
X					— I		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only one)		
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   E	ER/Outpatient 3 DOA	OTHER: 4  Nursing Home 8  Reside	nce 6 Other (Specify)		
PHYSICIAN: ME	27. MANNER OF DEATH  1 Neturel 5 Pending	26a. DATE OF IN (Month, Day,		ME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF building, et	INJURY — At home, farm c. (Specify)		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
PLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, death occu	rred at the time, data and place, and	due to the cause(s) and m	anner as stated.	
COMPLET	onel	R: On the besis of exa	mination and/or investigat	tion, in my opinion, death occured a	t the time, data and place, o	end due to the c	ause(s) and menner as stated.
BE (	296. SIGNATURE AND TITLE OF CENTIFIE	Mana	- lus	29c. LICENSE	347	29d. DATE 3	IGNED (Month, Day, Year)
	2 mm m	VIVE	7				
10	30. NAME AND ADDRESS OF PERSON WITH	- MAS	ON M	De, Print)			
	30. NAME AND ADDRESS OF PERSON WHO STAND ADDRESS OF PERSON	- MAS	0 - 1 AA	De, Prim)			

ours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O.

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should use cremation, or removal.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death confidence within 22-mours after death. Page 6 may be retained by the boss TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending personal manufectory filed in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hydronal committee, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

SELV 3

= E

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OX 13146,	te be executed with	sician and complete	traumatic event
, P.O. B	death certifica	ental Hygiene	ury, or other
RECORDS	v requires that the	been signed by the	shows any inju
VITAL	ICIAN: The la	ertificate has the State Deg	or Item 23
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	AL DR ATTENDING PHYSI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	If Item 28 Is marked,
	TO THE HOSPITA	TO THE FUNERA  be filed within 7	IMPORTANT: 1

STATE OF MARYLAND / DEPARTMENT OF HEALTY AND MENTAL HYGIENE

	REGISTRAR	CERTI	FICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	I II DAIR			2. DATE OF DEATH	AY L C+ C+ YEAR	3. TIME OF DEATH	
		H. DAUB				1990	1020	
		3. AGE (In yrs. lest birthde 73 73 yrs.		HOURS MIN.	7. DATE OF BIRTH // (Month, Day, Year)	Cou	THPLACE (State or Fereign intry) MARYLAND	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATH	
8 B	Peninsula General Hospital		Sali	sbury, MI	)	Wi	comico	
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c, C	OTY, TOWN OR LOC	ATION			10d, INSIGE CITY	
E	MARYLAND WORCESTER	5-27	OCEAN	CITY			LIMITS?  1 YES 2XX NO	
	10g. STREET AND NUMBER		- V	Of. ZIP CODE		100 CITIZEN O	7,07	
FUNERAL	206 4TH STREET	[	21842			10g. CITIZEN OF WHAT COUNTRY?		
<u> </u>	11. MARITAL STATUS 12. WAS DECEDENT	EVER IN U.S. ARMED		CENDENT OF HISPA	NIC ORIGIN? (Specify Yes		CE — American Indian, ack, White, atc.	
BY FL	1 Never Married 2 Married FORCES? 1 FYES, GIVE WA	I IF YES, GIVE WAR OR DATES			If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1 ☐ YES 2 NO Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT	r's USUAL OCCUPAT	TION post of working	16b. KIND OF BU	SINESS/INDUSTRY	WHITE	
	Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOI	use retired.)					
MP	12TH GRADE N/A	21	JALITY CO	NTROL EN	GINEER			
8	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	AME (First, Middle, Malden	Surname)		
BE	GEORGE C. DAUB				EANETTE Le			
10	t9a. INFORMANT'S NAME (Type/Print)	19b. MAILI	NG ADDRESS (Street	and Number or Rural	Route Number, City or Tow	m, State, Zip Code)		
F	RUTH G. DAUB				EAN CITY.	MARYLAM	21842	
	26s, METHOD OF OISPOSITION  1 X Burial 2 Cremetion 3 Removal from State	20b. PLACE OF DISP other place)	POSITION (Name of o	emetery, crematory or	20c. LC	CATION — City or	Town, State	
	4 Donation 5 Other (Specify)	GARDENS (	OF FAITH	CEM. 10~	11-90 BA	LTIMORE	MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1	22. NAME	AND ADORESS OF F	ACILITY			
	* (how W. Fish				NERAL HOME ENUE DUN			
	23. PART I. Enter the diseases, or complications that	caused the death. D					Approximate	
	shock, or heart fallure. List only one cause IMMEDIATE CAUSE (Final		1				Interval Between Onset and Death	
	disease or condition	rdia	A	11157	•			
	resulting in death) a. OUE TO	OR AS A CONSEQUENCE	OF):	, ,,,,				
_	- 6	mana 1	n h	V 711	4 Des	ean	.	
<u>ō</u>	Sequentially list conditions,	OR AS A CONSEQUENCE	96):	, , ,	1			
¥	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or Injury that initiated events	OR AS A CONSEQUENCE	OF):					
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions contributing to	leath but not regulate	a la the underly	na seuce alven le	Part I. 24s, WAS AF	AllToney	4b. WERE AUTOPSY FINDINGS	
EDICAL	PART II. Other significant conditions contributing to	Jean Dat Hot resulti	ig in the underly	ing couse given in	PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
ă				1 YES :	1 TYES 2 NO OF DE			
						1	1 TYES 2 NO	
ÿ								
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL: 26. PLACE OF DEATH (Check only one)							
YS		ER/Outpatient 3 DO/			8 Other (Specify)			
H	27. MANNER OF OEATH  28a. DATE OF (Month, De 1 Natural 5 Pending		INJURY \	NJURY AT VORK?	28d. DESCRIBE HOW	INJURY OCCURED		
B⊀	2 Accident Investigation		M 1 YES 2 NO					
9		INJURY — At home, fan tc. (Specify)	ne, farm, street, factory, office 28f. LOCATION (Stre City or Town, St			eet and Number or Rural Route Number, ete)		
E	29a. CERTIFIER  (Check not).  (Check not).  (Check not).  (Check not).							
COMPLET	(Check only one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.							
	290. SIGNATURE AND TIPLE OF CERTIFIER / 29d. DATE SIGNED (Monty, On), Visto							
BE	(IL MAL	1. 1		D34	7108	D /	0/7/90	
5	35, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	OF DEATH (ITEM 27) (	ype, Print)	0			1.1	
	JEFFEY 191/FLAUD 5700	RIDASI	145 Die	JAI.K.	bury mi	3/3	01	
				1187		-1/		
	31. DATE FILEO (Month, Day, You 1000) 32 REGISTER	y doon- fundal	0.					

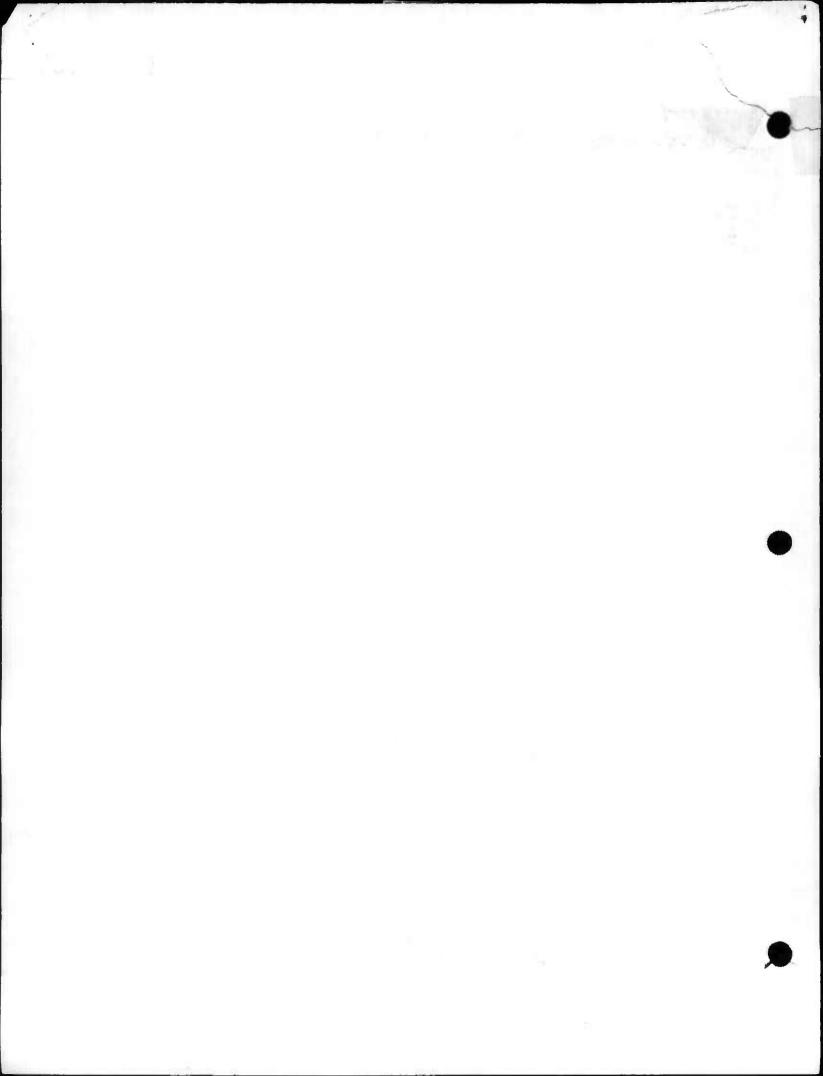
Children Chil 

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)	(JAMES H	ARPER DO	DRSEY		Z. DATE OF DEATH MONTH D	AY YE	
	JAMES DORSEY  4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR		7. DATE OF BIRTH	1990	2:14 P M  BIRTHPLACE (State or Foreign
	218-01-2358	1 M 2 F		ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 1 - 11 - 2		BLACK
13	9e. FACILITY NAME (If not institution, give st	reet and number)	-	b. CITY, TOWN C	OR LOCATION OF DEAT		9c. COUNTY	
TOR	THE JOHNS HOPKI	NS HOSPITAL		BALTIMO	ORE		BALTI	MORE CITY
REG	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY
ā	MD		B A		RE, CITY		T	1 YES 2 NO
FUNERAL DIRECTOR	1115 FOREST	STREET		101	21202			OF WHAT COUNTRY?
FÜ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olivorced 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			fO If yes, specify Cuban, Mexican, Puerto Rican, etc.)			e or No- 14. RACE — American Indian, Black, White, etc.	
BY								Specify: BLACK
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	rk done during mo	ON et of working	16b. KIND OF BU	SINESS/INDUST	RY
LE	Elementary/Secondary (0-12) 9 t h	College (1-4 or 5+)	DISABLE					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		7 5 2 5 1 5 2 1		16. MOTHER'S NAME	E (First, Middle, Malder	Surname)	
BE C	JAMES DORSEY	SR.			LUCY		NGTON	
TOE	ALICE DORSEY		196. MAILING A		ST ST B			
	20a. METHOD OF DISPOSITION  1 Donetton 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Disposition (Name of Cemetery, cremetory or Bother Place of Cemetery)				BALTIMORE, MD.			
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME A	ND ADDRESS OF FACIL	LITY		
	* Gladys	Warren						NORTH AVE.
	23. PART i. Enter the diseases, or cahock, or heart feilure.	complications that caus List only one cause on	ed the death. Do no aach line.	t enter the mo	de of dylng, such	aa cardlac or reep	piratory arrest	interval Between
	iMMEDIATE CAUSE (Finel disease or condition	2	0 0	2 - 1 -				Onset and Death
	resulting in death)	DUE TO (OR/A	A CONSEQUENCE OF	gran	)			1000
Z	Sequentially list conditions,	· Gran	DUE TO (OR AS A CONSEQUENCE OF:					
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	POLO		with	SIL DICA T	oubic .	cotho	fer 3 vr
IFIC	CAUSE (Disease or injury that initieted events	DUE TO (OR A	A CONSEQUENCE OF	1.	2 who said	2401	040116	
ERT	resulting in death) LAST	a. Neur	osyph)	15				gerages
	PART II. Other aignificant condition	a contributing to death	but not resulting in	the underlyin	g ceuse given in P		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL						1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
ME						_		1 TYES 2 NO
Ä								
SICI	25. WAS CASE REFERREO TO MEDICAL  EXAMINER?  1   YES 2   0							
PHYSICIAN	27 MANNER OF GEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME	OF 28c. IN		28d. OESCRIBE HOW	INJURY OCCUR	ED
BY F	1   Natural   5   Pending   Investigation   2   Accident   Suicide   6   Could not be determined   28e. PLACE OF INJURY — At home, farm, si building, etc. (Specify)				YES 2 NO			
COMPLETED							. LOCATION (Street and Number or Rural Route Number, City or Town, State)	
PLE	29s. CERTIFIER (Check only (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Check only) (Che							
NO.	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DOOZ  296. DOOZ  296. DOOZ  296. DOOZ  296. DOOZ  296. DOOZ  297. DOOZ  297. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DOOZ  298. DO							ONED (Month, Day, Year)	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS,

30CFT (0~1990~)

Julia Dandson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the new centrem of contract within 2 years after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the second process of the completely filled in by the funeral director, page 5 should be detached for use as the			
the hosp	e detache		t once.	
retained by	should b		offfied a	
may be	or, page !		ust be n	
1. Page 6	eral direct		niner m	
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law requi	as been s	Sept. of H	23 show	
CIAN: The	irtificate h	he State (	or item	
IG PHYSIC	ter this ce	ath with th	narked,	l
ATTENDI	ECTOR: Af	rs after de	n 28 is 1	
SPITAL OR	ERAL DIR	in 72 hour	IT: If Iter	
O THE HOS	O THE FUN	be filed within 72 hours after death with the State Dept. of Health and Mirrra Higgers prior to buried, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other trummits event, the medical examiner must be notified at once.	
F	F	Ā	=	1

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IE .	0 27735
ì	1. DECEDENT'S NAME (First, Middle, Lest)	Toseph	7	uca	DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH
	215-42-9143	X M 2 □ F 4	6 YRS. MO	UNDER 1 YEAR VTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-29-1944	a. g	BIRTHPLACE (State or Foreign Country) aryland
CTOR	9a. FACILITY NAME (If not institution, give street  ST. JOSEP  RESIDENCE OF DECEDENT	h Hosp	ital	Tow	SON	ATH	Bal	timore
L DIRECTOR	Maryland B	altimore		ville	ZIP CODE	_	10a CITIZEN	10d. INSIDE CITY LIMITS?  1 YES 2 X NO  OF WHAT COUNTRY?
FUNERAL	2225 Wilker Ave.	. WAS DECEDENT EVER IN	U.S. ARMED		21234	IC ORIGIN? (Specify Ye	U.S./	RACE — American Indian.
B	1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 ANO res	If yes, sp 1 TYES	2 X NO Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re Tavern Ow	done during mo tired.)	DN st of working	16b. KIND OF BU	SINESS/INDUST	THY
E COM	17. FATHER'S NAME (First, Middle, Last) Charles S. DeLuc	a.			18. MOTHER'S NAM	ME (First, Middle, Meider Deth Wil	sumame) kens	
TO B	19a. INFORMANT'S NAME (Type/Print) Christine DeLuca		196. MAILING AD 2225 W	ilker	Ave., Bal	loute Number, City or Too Lto., Md.	21234 Cod	de)
	26q METHOD OF DISPOSITION t   Buriet 2   Cremation 3   Removal 4   Donation 6   Other (Specify)	Pa	PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PLACE OF DISPOSITION PROPERTY PROPERTY PLACE OF DISPOSITION PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PROPERTY PRO	emetery	10-11-	90 Ba	to., M	
	21. SIGNATURE OF FUNERAL SERVICE LICENS ROY H. Cather Roy H. Cather	ye)			I J. Ruck, I		ford Rd.	,Balto.,Md. 21214
	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in daath)		ch line.			n as cerdisc or resp	piratory srrest	, Approximate Interval Between Onset and Death
TION	Sequentially list conditions, if any, leading to immediate		CÓNSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
- 1	PART II. Other algnificant conditions of	ontributing to deeth bu	ut not resulting in t	he underlyin	g ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICA						- BRA	411	1 TYES 2 NO
SIC		IQSPITAL:		THER:	LACE OF DEATH (Che			
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. IN.	URY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUR	DED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, offic	•	281. LOCATION (Stree City or Town, State	t and Number or i	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:							suse(s) and menner as stated.
TO BE	Paymond A. A	lgemp, m	PH		D34	184	29d. DATE S	IGNED (Month, Dey, Year)
-	RAMMAND ADDRESS OF PERSON WHO C	MD MPH	7801 Yuk	CKRI)	#200 7	D(A) C dal	Mh	91204

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146 ours after death. Page 6 may be retained by the hospital or attending any

	1 - STATE REGISTRAR	SIAIE UF I		CERTIF						REG. NO.			21130
	t. DECEDENT'S NAME (First, Middle, Last) ETHEL	٧.	EVANS						2. DATE OF MONTH	DEATH 3	<b>y</b> 9	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ybar)		8. BIRTHP	PLACE (State or Foreign
	245-20-7064	1 M 2 X F	65	YAS.					3-15	-1925			N. C.
OR	90. FACILITY NAME (If not institution, give 3414 Cedardale					Balt	O .	ON OF DE	ATH		9c. COU	INTY OF DE	ATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	Md			Ba	ltim	ore							LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP CODI						NAT COUNTRY?
FUNERAL	3414 Cedardale						212					SA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. YES 2)			If yes, sp		n, Mexican	IC ORIGIN? (1 n, Puerto Rici :		or No-	14. RACE Black, Specify	- American Indian, White, etc.
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION In completed)	16a,	DECEDENT'S				NO.	16b. KI	ND OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT u	se retired.)								
COMPLET	12th 17. FATHER'S NAME (First, Middle, Last)							(PRINCE ALLE	ME (First, Mick			_	
	Ernest Kirkman								is Wi				
BE	19a. INFORMANT'S NAME (Type/Print)			196. MAILING 3414	ADDRES	S (Street a	and Number	or Rural A	louig Number,	City or Town	r, State, Zi	p-Codel =	
٩	Lewis Evans Lou	IS EVANS		3414	Ceda	rda	e Rd	., B	alto.	, Md.	2	21215	
	20a. METHOD OF DISPOSITION  1  Burlel 2  Cremation 3  Red 4  Donation 6  Other (Specify)	noval from State	20b. PLA	ce of dispo	Cem	eter	netery, cren	natory or		Bal	timo	ore, I	vn, State Vid
	21. SIGNATURE OF FUNERAL SERVICE L	3. C	2				F/H	We		2110			
RTIFICATION	23. PART-1. Enter the disease, or ehock, or heert feilure immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. DUE TO  DUE TO  C.	XOCUR	SEQUENCE C	PF:	Dri	far	ict	lo-				Approximate Interval Between Onset end Death
CE	PART II. Other eignificant condition	one contributing to	death but no	ot resulting	in the u	nderivin	a causa	alven in	Part I. 2	4a. WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
I: MEDICAI										PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF D	EATH (Che	eck only one)				
YSIC	t YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 Nu		ne 5 🗆 R	esidence	6 🗌 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	26b. TH	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCF	RIBE HOW I	NJURY O	CCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (	OF INJURY — AI , etc. (Specify)	l home, farm,	street, for	ctory, offic	0		28f. LOCATI City or	ION (Street o Town, State)	and Numbe	er or Rumil A	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHY one) 2 MEDICAL EXAMI												and manner as stated.
O BE C	206. BIOSTATUSE AND STILE OF CENTER	ta	W, n	ND			29c. LIC	ENSE NUM	311	2	29d, DA	TE SIGNED	(Morith, Day, Year) + (90
F	560 Loch	Rave	SE OF DEATH (	PO (1/10)	o, Print)	#3	09		Bal	24.	m	<b>D</b> 2	1239
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							ICATE C		7111		REG. NO			
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		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.		IF UNDER 1 YE	_	DER 24 HRS.	7. DATE C	F BIRTH Day, Year)		Count	HPLACE (State or Foreign stry)
		214-38-47		1 □ M 2 💢 F	8	8 YRS.	months ca	S HOUR	MIN.	Sept.	5, 19	902	Pe	enna.
~	- 11	9a. FACILITY NAME (# not					9b. CITY, TO					9c. COU	INTY OF C	DEATH
Č	5	5400 Cedel		nue			B	altin	ore	City				
DIRECTOR	ן נַ	10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY
	5	Maryland					В	altin	ore	City				LIMITS?
A		10a. STREET AND NUMBER					•	10f. ZIP C				10g. CIT	IZEN OF	WHAT COUNTRY?
FR		5400 Cede	ella Av	enue/						212	06	Uni	ted	States
BY FUNERAL	- 0	11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Div			NT EVER IN U.S. 1 YES 2 WAR DR DATES	ARMED NO	If you		ben, Mexic	en, Puerto R	(Specify Yes Ican, etc.)	e or No—	14. RAC Blac Spec	E — American Indian, ck, White, etc. chy: White
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ш		Elementary/Secondary	nly highest grade (0-12)	College (1-4 or 5	i +)	ille. Do NOT u	work done during se retired.)	most of wo	riding					
COMPL	L	8 Yrs.	95.			Homen	naker							
Ö		17. FATHER'S NAME (First,						18. M	OTHER'S N	AME (First, M	liddle, Malden	Surname)		
BF		Leonard		one		·-			Nata	alie			Col	llura
2	- 68	19a. INFORMANT'S NAME					ADDRESS (Str							
	-	Constance		ces			400 Ce			nue				
		20s. METHOD OF DISPOSI 1 Disposi	ion 3 🗆 Rem	oval from Stata	othe	r place)	SITION (Name of					CATION -	1775-6	
		4 Donation 6 Dothe	er (Specify)		_   146	w Cath	-		1/90		D ₀	altim	lore	
		21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE . 4 . 1 .	7 1/ *	1 1 7	22 MAM	E AND ADD	RESS OF F	KI ITY		^	4040	1
		21. SIGNATURE OF FUNER	AL SERVICE LIN	Milton	n J Kni	.ght Jr		E AND ADD			T		1214	
		m	ulton	1. Km	ett!		Lec	nard	J. R	uck,		5305	Har	rford Road
		23. PART I. Enter the ahock, or	diseases, or heart fellure.	1. Km	nat caused the	deeth. Do	Lec	nard	J. R	uck,		5305	Har	rford Road Approximate Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death recommendation outled within 24 hours after de	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical ex
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90 27738 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1990 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Eugene T. Grevera 7. DATE OF BIRTH
(Month, Day, Year)
2-6-1937 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) s. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 213-34-5473 53 1 X M 2 - F Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Med, Center Baltimore DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Baltimore Md FUNERAL 10s. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 5425 Todd 21206 Ave. U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 1 Never Married 2 No Married IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specific ВҰ 3 Widowed 4 Divorced White -61 to 8-10-COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18h. KIND OF BUSINESS/INDUSTRY (Spi Collega (1-4 or 5+) Elementary/Secondary (0-12) 12th Printing Government 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Stanley F. Grevera Stella ጥ. BE Zolna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Todd Margaret E. Grevera Ave. Balto. Md 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20s. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State Cremetion 3 - Removal from State Burial 2 | Cremetion | 4 | Donation | 5 | Other (Specify) Holy Redeemer Cemetery Balto., Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Hartley Miller Funeral Home ell. 7527 Harford Rd. Balto. 23. PART I, Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel disease or condition IN Espetim Myocismo reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CAEDION 1 Sc Hamie PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING HUPETTENTON
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury thet initieted events resulting in deeth) LAST PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 Inpetiant 2 ER/Outpetlant 3 I DOA 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

4 Homicide

OCT 1 0 1990

3 REGISTRAR'S SIGNATURE
FULLE DAVIDON-RONDER

▶ 10.550

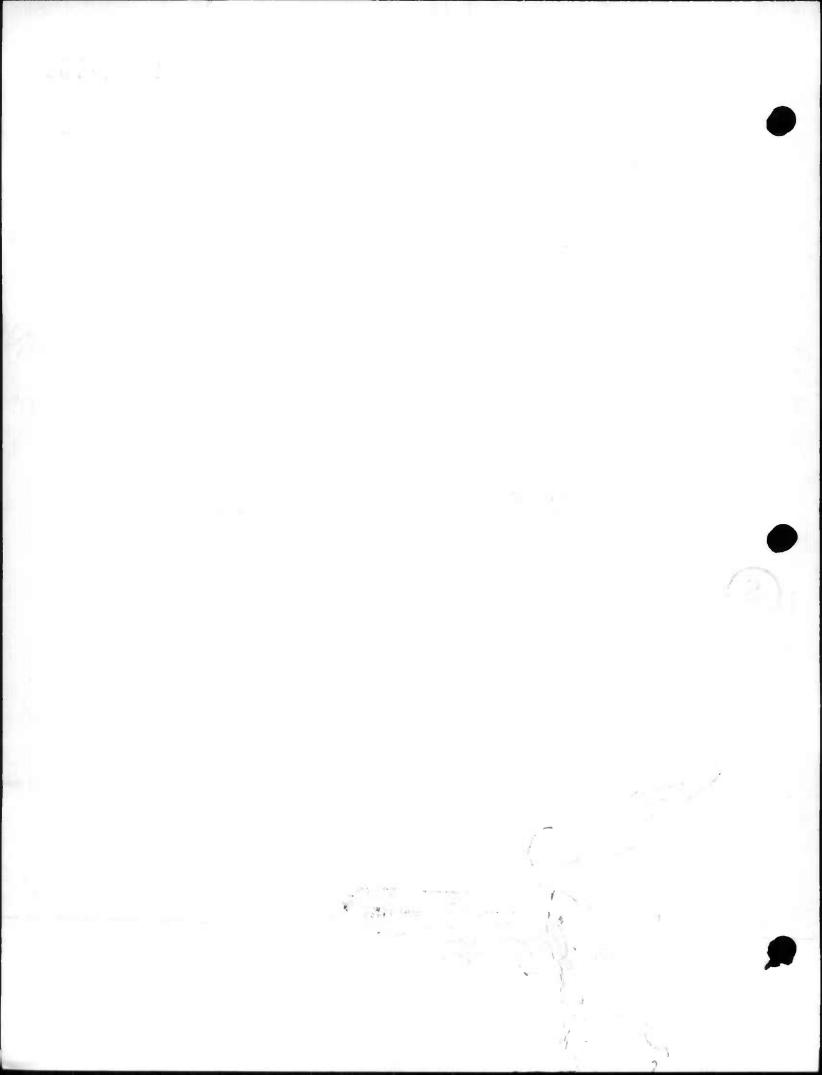
DIVISION OF VITAL RECORDS, P.O. BO

teby filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mation, or removal. int, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death, certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the be filed within 72 hours after death with the State Dept. of Health and Mental Pygiens IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H			GIENE i. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		•			2. DATE OF DEA		YEAR 3.	. TIME OF DEA	TN
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	Delaware Suss	<u>sex</u>		Lewis	ZIP CODE		10a CITIZI		YES 2 AT COUNTRY?	NO
FUNERAL	318 Holly Lane San	rdy Brao Trailo	r Park	1.00	1995	:Ω	17	J.S.A		
S	11. MARITAL STATUS 12.	WAS DECEDENT EVER IN L		13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Spec	Ify Yea or No.	4. RACE -	- American Ind White, etc.	llen,
ВУ Р	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE			2 NO Specify		(c.)	Specify:		,
- 11	15. DECEDENT'S EDUCATION	ON I	6a. DECEDENT'S	USUAL OCCUPATION	N .	186. KIND (	OF BUSINESS/INDU	STRY	200	
	(Specify only highest grade com	opleted)	(Give kind of w life. Do NOT use	ork done during mo-	st of working					
COMPLETED	12 vr's		Super	visor		Mec	hanical			
00	17. FATHER'S NAME (First, Middle, Last)				16. MOTNER'S NA					
BE	Harry E.	Georg	7	4000000 (Ov 4	Irene		S.		<u>taible</u>	
2	Mrs. Margaret Georg	je		ame as #		noute Number, City	or lown, State, 210 t	2000)		
	20s. METHOO OF DISPOSITION	20b. F	PLACE OF DISPOS	ITION (Name of cen		2	0c. LOCATION — C	Ity or Town	, State	
	1 🂢 Buriel 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 5 🗆 Other (Specify)		Gracela	wn Mem.	Park 10,	/9/90	New Cast	tle.	Del.	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	Pe Paul L. Har	tseck, Jr	22. NAME AN	ID ADDRESS OF FA	Bal	timore,M	d. 2'	1214	
	+ tank I- De	cutsoch	8	Leon	ard J. R	uck, In	c. 5305	Hart	ford R	d.
	23. PART i. Enter the diseeses, or com shock, or heart fellure. List			ot anter the mo	de of dying, suc	h as cerdiac or	reepiratory arre	est,	Approxim	
	IMMEDIATE CAUSE (Finel disease or condition		2553						Onset ar	nd Desth
-	resulting in death) a	DUE TO (OR AS A C	CONSEQUENCE OF	D:					~ 3-3	ys.
_		Pancreatic	Fistula						3 m	05.
ST.	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF							
ICA	CAUSE (Disease or Injury	Sepsis (Fu	ngenience de	D:					~2	105
CERTIFICATION	that initieted events resulting in death) LAST	SIP Small							_	
	DART It Other elemitians conditions					Best Law I			+	
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		28. PI	ACE OF DEATN (Ch	eck only one)			-	
YSI	1 - YES 2 NO 1)	XI inpetient 2 - ER/Outpe		4 - Nursing Horr	e 6 🗆 Residence					
	27. MANNER OF DEATN  1 ☑ Natural 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT PRK? YES 2 NO	28d. DESCRIBE	NOW INJURY OCC	URED		
BY	2 Accident Investigation 3 Suicide & Could not be	28s. PLACE OF INJURY -	– At home, ferm, a		1111		(Street and Number	or Rural Rou	ute Number,	
빌	4 Nomicide 8 Could not be	building, etc. (Specif	y)			City or Town	n, State)			
P.E.	29e. CERTIFIER 1 CERTIFYINO PHYSICIAL	N: To the best of my knowle	dge, death occurre	ed at the time, date	and place, and due	to the cause(s) a	and manner as state	ıd.		
COMPLETED	one)	On the beals of examination	end/or investigation	n, in my opinion, o	leath occured at the	time, data and pi	lace, and due to the	cause(a)	end manner es	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	DOM.			29c. LICENSE NUI	MBER			Month, Day, Yea	r)
10	30. NAME AND ADDRESS OF PERSON WHO	A Distance of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the		Print)	J1841		10	15/90	J	
	JOEK L	W. SALAMO			kins Hospi	ital 600	N. WOLLEST.	Baltin	de mo z	1201
	OCT 1 0 1990 July	32. REGISTRAR'S SIGNA	TURE							

DNMH-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)		OZIII II	DAIL OI	2. DA	TE OF DEATH		3. TIME OF DEATH
	MICHAEL HAH		JEF-	Mo	o o7	90 YEAR	07 A M
4. SOCIAL SECURITY NUMBER	5. SEX	l M	IF UNDER 1 YEAR		TE OF BIRTH onth, Day, Year)	a. BIR	THPLACE (State or Foreign ntry)
212-46-4493		43 YRS.		1	0-18-1946		ARYLAND
9e. FACILITY NAME (If not institution, give sti	1 -		96. CITY, TOWN O	R LOCATION OF DEATH	9c	. COUNTY OF	
7737 CHARLESMONT	RUAU			DUNDALK		B/	ALTIMORE
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
MARYLAND BA	LTIMORE			DUNDALK ZIP CODE	1100	0.7.771.07	1 TYES 2V YNO
7737 CHARLESMONT	DUAD		101.	21222	109	g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER II	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC ORI	GIN? (Specify Yes or N	14. RA	CE — American Indian,
1 Never Married 2 Married	FORCES? 1 V YES	ATES		cify Cuben, Mexican, Puer 2X NO Specify:	to Ricen, etc.)	100.0	eck, White, atc.
3 Widowed 4 Divorced		TNAM	1	~	- <del></del>		WHITE
15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during mo	st of working	16b. KIND OF BUSINES	SS/INDUSTRY	
Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)		RVISOR		CONSOLIDA	TED ER	2FF(ι)ΔV
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (Fin			
ALEXANDER HAHNER				MARY DITT			
19a. INFORMANT'S NAME (Type/Print)		1.54		nd Number or Rural Route N			
NANCY C. HAHNER 200, METHOD OF DISPOSITION	201	b. PLACE OF DISPOSIT		MONT ROAD	BALTIMOR	E MAR	RVIAND 21222
1 Surisi 2 Cremation 3 Remo	val from State	other place)		L 10-11-19			
21. SIGNATURE OF PUNERAL SERVICE LIC	Lil	/	PUDA-RU	ID ADDRESS OF FACILITY  JCK FUNERAL		•	
			7000 1	IT OF LUFTHER			, , , , , , , , , , , , , , , , , , , ,
23. PART I. Enter the diseases, or c	omplications that cause	d the death. Do no	7922 0	VISE AVENUE	DUNDALK	MD	21222
ehock, or heert fallure. I			7922 0	VISE AVENUE	DUNDALK	MD	21222
ehock, or heert fallure. I IMMEDIATE CAUSE (Finel disease or condition	list only one cause on e		7922 ( ot enter the mo	VISE AVENUE	DUNDALK	MD	21222   Approximate   Interval Between
ehock, or heert failure. I	oue to (or as a	ENCEPHA CONSEQUENCE OF:	17922 Out enter the mo	VISE AVENUE de df dying, auch as c	DUNDALK ardiac or reapirate	MD	Approximate interval Between Onset and Deeth
ehock, or heert failure. I	oue to (or as a	ENCEPHA CONSEQUENCE OFF	17922 ( ot enter the mo	VISE AVENUE	DUNDALK ardiac or reapirate	MD	Approximate interval Between Onset and Deeth
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TIME INJ  Petiant 3 DOA  28b. TIME INJ  Y — At home, farm, strong and/or investigation	TYPEZ ( pt enter the mo  HALITIS  HAMUNOE  THE TITLE  26. PL  OTHER: 4   Nursing Hom  OF   28c. INJ  INY M   1   1   1    Treet, factory, office  d at the ilme, data , in my opinion, d	de of dying, auch as control of dying, auch as control of dying, auch as control of dying, auch as control of dying, auch as control of dying auch as control of district of dying auch auch occurred at the time, control of dying auch occurred at the time, control of dying auch occurred at the time, control of dying auch occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the time, control occurred at the	DUNDALK ardiac or reapirato  24a. WAS AN AUT PERFORMET  1 VES 2   Wher (Specily) DESCRIBE HOW INJUI 27 or Town, State)  cause(a) and manner data and place, and du	MD  ory arrest,  OPSY 2  OPSY PY NO  Number or Run  as stated, us to the caus  d. DATE SIGN	Approximate Interval Between Onset and Deeth G WK  2 YP  4b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  al Route Number,  e(e) and manner as stated.

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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examiner must be notified at once.	TO BE COMPLETED BY
marked, or item 23 shows any injury, or other traumant event, the medica	3Y PHYSICIAN: MEDICAL CERTIFICATION
MPORTANT: If Item 28 is mark	O BE COMPLETED BY

permit. Pages 1, 2. 3 should

BALTIMORE, MARYLAND 2120

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use and useful or the form of removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral physician and completely filled in by the funeral physician and completely filled in by the funeral physician and physician and physician physician compatibility of refinding	5 =

REGISTRAR				CERTIFIC	CATE C	OF DEATH		REG. NO.			
1. DECEOENT'S NAME (First,	Middle, Last)							E OF DEATH	YE		TIME OF OEATH
1	Roy	Rog	ers	Har	rison		1(	0-6-90	YE.	5	:02AM M
4. SOCIAL SECURITY NUMB	ER	5. SEX		In yrs. lest birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. OATE	OF BIRTH	8. E	BIRTHPLA	CE (State or Foreign
227-52-8652		1 💢 M 2 🗆 F	48	YRS.	HONTHS DAY		12	th, Day, Year) 28 4	1		d
90. FACILITY NAME (# not in: 1340 Crofts						wn on Location of Di imore City		ľ	9c. COUNTY	OF OEATI	1
RESIDENCE OF DEC	EDENT					-					
Md .	10b. COUNTY				TOWN OR LO					100	I. INSIDE CITY LIMITS? X YES 2 NO
10e. STREET AND NUMBER					a re mile	10f. ZIP CODE			10a, CITIZEN		
1340 Crof	ton Rd	•				21239			US		COUNTRY
11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexico YES 2 NO Specific	nn, Puerto			Black, Williams	American Indian, hite, etc.
	EDENT'S EOU			16s. DECEDENT'S U	SUAL OCCU	PATION	16	b. KIND OF BUSIN	IESS/INDUST	RY	
(Specify only Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5 +	)	Me. Do NOT use	retired.)	g most of working	М	lass Tra	nsit /	Auth	
17. FATHER'S NAME (First, M	Hadalla dici an										
	rison					A Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Cont		Middle, Meiden St			
19a, INFORMANT'S NAME (7						set and Number or Rural					
Denise Ja	ickson			1340	Croft	on Rd., Ba	Ito.	, Md.	2123	9	
20e. METHOD OF OISPOSITI 1 Buriel 2 Cremation 4 Donation 5 Other	on 3 🗆 Rame	oval from State	206	other place) Arbutus		f cemetery, crematory or		1	utus,		State
21. SIGNATURE OF FUNERA		ENSEE		/	22 NAM	E AND ADDRESS OF E	ACILITY				
Sa	la	Ma	C			ch F/H We 00 Wabash					
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fellure. nel	Liet only one cau	oscl	ach line.	ardiov	ascular d			ntory arrest	,	Approximate Interval Between Onset and Daeth
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diata ING ury	c		A CONSEQUENCE OF							
PART II. Other algnifica	ant condition	s contributing to	deeth t	out not resulting in	n the under	tying cause given in	Pärt I.	24a. WAS AN A PERFORM	IED?	CO DF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE OBATH?  WES 2 \( \sum \) NO
25. WAS CASE REFERRED T	O MEOICAL				-	6. PLACE OF DEATH (C	heck only	one)			
EXAMINER?		HOSPITAL:	ER/Out	patient 3 DOA	OTHER:	Home XXResidence	6 🗆 Ott	her (Specify)			
27. MANNER OF OEATH	Pending	26s. DATE OF (Month, L	INJURY	26b. TIME	OF 284	:. INJURY AT WORK?		ESCRIBE HOW IN	JURY OCCUR	ED	
2 Accident	Investigation Could not be		F INJURY	/ — Al home, ferm, s		YES 2 NO		OCATION (Street an ty or Town, State)	d Number or i	Rural Rout	e Number,
4  Homicide	determined	ounding.	Sim (ope					-, w. rown, stead)			
(Crieck brilly						date and place, and du on, death occured at th				ause(s) ar	nd manner se stated.
29b. MENATURE AND TITLE	E OF CERTIFIE	R				29c. LICENSE NU	IMBER	Т	29d, DATE S	IGNED //	onth, Day, Year)
Varyit	e 18	reffel	l			OCME			<b>&gt;</b>		-6-90
30. NAME AND ADDRESS O MARGARITA			SE OF DE	EATH (ITEM 27) (Type,		.1 Penn St	reet	, Baltin	more,N	/ID 2	1201 1
31. DATE FILEO (Month, Day,	Ybar)	32. REGISTR	R'S SIG	ATURE							

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ALC: YOU

1. DECEDENT'S NAME (First, Mid						2. DATE OF DEATH		3. TIME OF DEATH
GER.	ALDINE		J.	LIND	SAY-HOLT	10	× 5	10 8 -A
4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In ye	s. lest birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)
578-28-7197	1 M 2 X		YRS.	MONTHS DAY	S HOURS MIN.	7/25/23		Virginia
Se. FACILITY NAME (If not institut					N OR LOCATION OF D	EATH	9c. COUN	TY OF DEATH
Golden Oaks		Home		La	urel		Prin	ce George's
	COUNTY		10c, CIT	Y, TOWN OR LC	CATION			10d. INSIDE CITY
D.C.	N/	A		Washi	ngton			LIMITS?
10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZ	ZEN OF WNAT COUNTRY?
10e. STREET AND NUMBER  220 54  11. MARITAL STATUS  1 Naver Married 2 Marr	th St.,S	.E.			20019			U.S.A.
11. MARITAL STATUS	12. WAS DEC	EDENT EVER IN U.S		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye	s or No-	14. RACE — American Indian, Black, White, etc.
	IF YES O	IVE WAR OR DATE			, specify Cuban, Maxico YES 2 🔯 NO Specif		- 1	Specify:
		1.4						Black
(Specify only high	NT'S EDUCATION hest grade completed)		(Give kind of life. Do NOT u	Work done during	ATION most of working	18b. KIND OF BU	ISINESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4		Domes			Cle	anin	q
17. FATHER'S NAME (First, Middle)	, Last)		DOMICE	010	18. MOTHER'S NA	ME (First, Middle, Meider		J
	rich Mayo					e Venable		
10. INCODMANT'S NAME (Tour			19b. MAILING	ADDRESS (Str	et and Number or Rural	Route Number, City or Tov	vn, State, Zip	Code)
Randolph C.	Mayo		3928	Warne	er Ave.,	Landover	Hill	s,Md.20784
20a. METHOD OF DISPOSITION 1 IX Burlel 2 □ Cremation		20b. PL	ACE OF DISPO	SITION (Name o	cometery, cremetory or	20c. LC	OCATION -	City or Town, State
4 Donation 5 Other (Spe		H	armon	y Mem.	Park 10	0/10/90La	andov	er,Md.
21. SIGNATURE OF FUNERAL SE	. 9 /				E AND ADDRESS OF FA			
Sau	y M. (	Sia	tt			gton & So		
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. P.	E TO (OR AS A CO THE MO E TO (OR AS A CO	JECC.	PROS 15		es INI	HAR	Onset and Deat  Onset and Deat  ACUTE  YRS
If any, leading to immediate cause. Enter UNDERLYING	). 0	INBE	ET.	MEL	LITUS			725
CAUSE (Disease or Injury that initiated events		E TO (OR AS A CO						
resulting in death) LAST	d	corial	ans	- VA	SCULAR	DISE	NSE	725
PART II. Other significant of	conditions contributing	g to death but	not resulting	In the under	ving cause given in	Part I. 24e, WAS AI	N AUTOPSY	246. WERE AUTOPSY FINDINGS
						PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL			OTHER:	S. PLACE OF DEATH (C	heck only one)		
25. WAS CASE REFERRED TO ME EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	1 - Inpatient	2 ER/Outpetle		4 Nursing	Home 8 - Residence			
1 22 Matures O Their	(Mo	nth, Day, Year)	28b. Till	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED
3 Suicide 8 Coul 4 Homicide dete	ld not be built built	ICE OF INJURY — Iding, etc. (Specify)	Al home, farm,	street, factory,	office	28f. LOCATION (Street City or Town, State	and Number	or Rural Route Number,
anal anny	NO PHYSICIAN: To the be							ed. e cause(a) and manner as stated.
290. SIGNATURE AND TITLE OF	mo		no		D25		29d. DAT	SO ( 90
30. NAME AND ADDRESS OF PE	990 Juna	mn			REL, M	D		
31. DATE FILED (Month, Day, Year,								

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OF VIEW	
DIVISION	

	FOR 1 • STATE REGISTRAR		STATE OF I	MARYLA	ND / DEP					MENTA	L HYGIEN REG. NO.	E	90	27743		
1000	1. DECEDENT'S NAME (First,	Middle, Last)	5 W. H	UTCHI	NS, SF	١.				MONT	ober 8		YEAR	:35 A.M. M		
	4. SOCIAL SECURITY NUMBE 220-01-0427		5. SEX	8. AGE (In	yrs. last birthde	MONTH	1	IF UNDER	MIN.	7. DATE (Mon	of BIRTH th, Day, Year)	919	BIRTHPLACE (State or Foreign Country)     Maryland			
OR	Greater Bal RESIDENCE OF DEC			l Cen	ter		TY, TOWN	OR LOCATI	ON OF DE	EATH			nty of dea timore			
DIRECTOR	10e. STATE	10b. COUNTY			10c.	10c. CITY, TOWN OR LOCATION							Dd. INSIDE CITY LIMITS?  YES 2 \( \bar{Y} \) NO			
	Maryland 10. STREET AND NUMBER		imore			'OWSO	10	f. ZIP COD	7			100	IZEN OF WHA	AT COUNTRY?		
BY FUNERAL	950 Radcl 11. MARITAL STATUS 1 Never Married 2 💢 I 3 Widowed 4 Divor	Married	POAD  12. WAS DECEDED FORCES?  IF YES, GIVE N	YES	2 NO	1	3. WAS DE		OF HISPAN	n, Puarto	IN? (Specify Yes Rican, etc.)		100000000000000000000000000000000000000	5 · A ·  14. RACE — American Indian, Black, White, etc.  Specify White		
LETED	15. DECE (Specify only Elementary/Secondary (0-	DENT'S EDUC highest grade o	ATION completed) College (1-4 or 5		16a. OECEDEN	of work don IT use retired	ne during m f.)	ost of worki			b. KIND OF BUS					
COMPL	6th 17. FATHER'S NAME (First, Mix Walter		chins		Retir	red	Balt:	18. MOT		ME (First,	Fire F	Sumame)	Simm	5		
TO BE	19a. INFORMANT'S NAME (Ty Dorothy M.	pe/Print)				ING ADDRI		and Numbe	r or Rural	Route Nur	mber, City or Tow	n, State, Zij	p Code)			
	20a. METHOD OF DISPOSITION  1 Serial 2 Cremation  4 Donation 5 Other	ON n 3 □ Remo			PLACE OF DIS	POSITION	(Name of ce			/90			m . Mar			
	21. SIGNATURE OF TUNEFRAL	SEBVICE LICE	ano	87. d	/.	2	2. NAME A	ND ADDRE	SS OF FA	CILITY			10	50 York Road		
	23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	ert failure. L	list only only ca	on ea	the death. Consequence	o not en	ter the m	ode of dy	Ing, auc	h ea ce	VT	ratory ar	rest,	Approximate interval Between Onset and Desth		
CERTIFICATION	Sequentially list conditi- if arry, leading to immed cause. Enter UNDERLYII CAUSE (Disease or inju- that initiated events resulting in death) LAS'	liate NG ry			CONSEQUENC		Ces	nde	ny	nja	el (	y S	dt			
MEDICAL CI	PART II. Other eignifica	nt condition	e contributing to	deeth bu	ut not resulti	ng in the	underlyi	ng cause	given in	Part I.	24a. WAS AN PERFOI 1 TYES 2	RMED?	a c	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	) MEDICAL	HOSPITAL:	□ ER/Outpe	itient 3 🗆 DC	OTH A 4 I	ER:	PLACE OF I			one)					
ву РНУ		Pending restigation	26a. DATE O (Month,	F INJURY Day, Year)	28b.	TIME OF INJURY	W	JURY AT ORK? YES 2	□ NO	28d. D	EȘCRIBE HOW	NJURY O	CCURED			
ETED E	3 Suicide 6 .	Could not be determined		OF INJURY , etc. (Speci	— At home, fa	rm, street,	factory, off	Ice			OCATION (Street by or Town, State		er or Rural Ro	ste Number,		
COMPLI	one)		CIAN: To the best of											and manner as stated.		
TO BE (	29b. SIGNATURE AND TITLE	///	140	s C		A.	8	29c. LIC	ENSE NU	MBER		29d. DA	S G	Month, Day, Year)		
	James R 31. DATE FILED (Month, Day,	icèly.		G.B.I	MC. Pa		11. 00	uite	615	Tow	son,Md	.2120	)4			

OCT 1 0 1990

32. REGISTRAR'S SIGNATURE

0 C Approximate interval Between

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

29d. DATE SIGNED (MORT), Day, Year) 60 CH

0415 AM

unic event, the medical examiner must be notified at once.

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the centre TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention for lied within 72 hours after death with the State Dept. of Health and Mental MemoRTANT: If Item 28 is marked, or item 23 shows any injury, or HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the ceat DIVISION OF VITAL RECORDS,

2

	1 - STATE REGISTRAR	OIRIE OI	(				DEATH	MEN	REG. NO.			
	1. OECEDENT'S NAME (First, Middle,			-					TE OF DEATH	W YI	EAB	TIME OF OEATH
	LILLIAN		FFM					11	0 -6	9	0	0415 1
	4. SOCIAL SECURITY NUMBER  110-10-1419	5. SEX	6. AGE (In yrs.	last birthday) 7 & YRS.	IF UNDER	DAYS	HOURS MIN	7. DA	TE OF BIRTH orith, Day, Year) N. 12,	1912 N	Country)	ACE (State or Foreign JEVS EY
	9a. FACILITY NAME (If not institution,			0	9b. CITY	, TOWN (	OR LOCATION OF		12,	9c. COUNTY		
۳ ا	Washington Adve	ntist Hosp	ital		Ta	koma	Park			Mont	aame	)hu
5	RESIDENCE OF DECEDEN	Τ		I the CIT	Y, TOWN C							d. INSIDE CITY
DIRECTOR		ntgomery		127	ilve							LIMITS?
	10e. STREET AND NUMBER	···g·····					. ZIP CODE					T COUNTRY?
FUNERAL	1117 Chickasaw	Drive					20903		и.	S. A	١.	
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDE FORCES?	NT EVER IN U.S. 1 YES YEX WAR OR DATES			If yes, sp	ecify Cuban, Mer	rican, Puer	GIN? (Specify Yes to Rican, atc.)	or No- 14.	Black, V	American Indien, Vhita, atc.
84	Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES			1 🗌 YES	2 XIVIO SO	ecify:			Specify:	rite
	15. DECEDENT'S (Specify only highest	EDUCATION grade completed)	(Give kind of work done during most of working									
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	HO. DO NOT U	oo ratirad.) US EW	ife			Own Ho	me		
OM	17. FATHER'S NAME (First, Middle, La	st)					Total Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the		st, Middle, Maiden	Surname)		
BE (	nyman brown											
5	196. INFORMANT'S NAME (TyperPrint)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  13212 Trebleclef Lane, Silver Spring, Md. 20904											
	20e, METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 C 4 Donation 5 Other (Specify		20b. PLA othe	e minosi			metery, cremetory	or		cation - ch		
	21. SIGNATURE OF FUNERAL SERVI							FACILITY	2			ME, INC.
	Donalo	o vn	Dte	in					I.W. WA			
	23. PART I. Enter the disease											Approximate
												Onset and De
	reaulting in death)	a	0 (OR AS A COM	1/2/	all	u~	1					/ ady
_	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
ICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury  DUE TO (OR AS A CONSEQUENCE OF):											
Ē	that initiated events resulting in death) LAST		o (on As A con	ISECOLNOL C	A- ).							
S	DART II Osh a significant and	d.	- 44		1- Ab			to Book 1		. ALERONOV	Langu	
DICAL	PART ii. Other aignificant con	ontona contributing t	o death but n	ot resulting	in the u	поеттуп	g cause given	i in Part i	PERFO	RMED?	N	ÆRE AUTOPSY FINDI VAILABLE PRIOR TO OMPLETION OF CAUS
ш									1 TYES	LIMO		F DEATH?
N.												
CIA	25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:			OTHE		LACE OF DEATH	(Check on	y one)		-101	
PHYSICIAN:	1 YES 2 NO	1 ☐ Inputiont 2		28b. Til	4 🗆 Nu	rsing Hor	ne 5 🗆 Resider	T	Other (Specify) DESCRIBE HOW	IN HIEV OCCU	950	
	1 Netural 5 Pending	(Month,	Day, Ybar)	IN	JURY M	W	ORK?		DESCRIBE NOW	INJUNY OCCU	LED	
Э ВҮ	2 Accident Investig 3 Suicide 6 Could r	28e. PLACE	OF INJURY — A g, etc. (Specify)	t home, farm,	street, fac	tory, offi	CO CO	261.	LOCATION (Street City or Town, State	and Number or	Rural Rou	ite Number,
ETE	4 Homicide determi		e (spressy)							,		
COMPLETED	(Critical Orly)	PHYSICIAN: To the best										
COA	2   MEDICAL E	AMINER: On the basis of	examination and	I/or investigat	lon, in my	opinion,			date and place, a			
8	29b. SIGNATURE AND TITLE OF CE		20				29c. LICENSE	V/) 1	29	29d, DATE	IGNED (A	1000, Day, Year)

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CTATE OF MADVIAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

Implies filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should certainfon, or remost.

BALTIMORE, MARYLAND 21203-3146

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5	m compens to	A Supur	Hygiene prior	or other trau
DIVISION OF VITAL RECORDS, F	uires that the deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending and complete	be filed within 72 hours after death with the State Dept, of Health and Mental Hydens prior to burse, creat	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injery, or other traumatic event
VIIAL DE	IAN: The law req.	rtificate has been	he State Dept. of	or Item 23 sho
LO NO	ENDING PHYSIC	R: After this cer	er death with th	Is marked, (
DIVIS	YTAL OR ATTE	RAL DIRECTO	72 hours after	f. If Item 28
	TO THE HOSP	TO THE FUNE	be filed within	IMPORTANI

TO BE

DONALD WRIGHT, MD

31. DATE FILED (Month, Dey, Year)
OCT 1 0 1990

	,	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA	ND / DEPAR Certif	ITMENT	OF H	EALTH DEAT	AND I	MENTA	L HYGIEN		90	2	7745
Γ	,	1. DECEDENT'S NAME (First, Middle, Lest)									E OF DEATH		YEAR		OF DEATN
		Allen		F.			eim	_m			10-5-90 DAY				OPM M
		4. SOCIAL SECURITY NUMBER 217-09-4493	5. SEX		// YRS.	IF UNDER	1 YEAR DAYS	HOURE	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) August 26, 191			8. BIRTI	NPLACE (S	tete or Foreign
		9a. FACILITY NAME (If not institution, give a		7.4											land
- 1	œ	8207 Harris Aven	,	96. CITY, TOWN OR LOCATION OF DEA											
	5	RESIDENCE OF DECEDENT	ue				rai	VAII	16	Baltimore					ounty
	DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN		ION						10d. INS	IDE CITY
	- 11		timore		P	arkv	ille								S 2 🛛 NO
	FUNERAL	10s. STREET AND NUMBER					101.	ZIP CODE						WHAT COU	INTRY?
	ÿ	8207 Harris Ave.				_			234				U.S.		
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		X YES	EVER IN U.S. ARMED					n, Puerto		or No	Blec	E — Americk, White, e	
	0	15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S	DECEDENT'S USUAL OCCUPATION					b. KIND OF BUS	SINESS/INI	DUSTRY		
	COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5	+)			rk done during most of working retired.)						_		
9	MP	8 yr's			Stee	elworker Armco Steel									
5	ဗ	17. FATHER'S NAME (First, Middle, Lest)		Ца	im	18. MOTNER'S NAME (First, Middle, Maiden Surname)  Alma  Roosum									
60 3	B	George  19a. INFORMANT'S NAME (Type/Print)		пе		Alma  Sh. MAILING ADDRESS (Street and Number or Rural Route Number. City or Town. State. Zit						Beesum			
100	인	Mrs. Marilyn M. Pagani 5977 Elk Forest Ct. Elkridge, Md. 2122												227	
90		20s. METHOD OF DISPOSITION 20s. PLACE OF DISPOSITION (Name of company company or 20s. I OCATION — City of Town											men State		
Hans.		1 Surial 2 Cremetton 3 Removal from Stata Moreland Mem. Park 10/9/90 Baltimore, Md.												id.	
ner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 2												. 212	14
шеха је	Leonard J. Ruck, Inc. 5305 Harford														
or other traumatic event, the medical examiner must be notified at once.									int	proximata erval Batween set and Death					
ry, or oth									-						
shows any injery,									LE PRIOR TO TION OF CAUSE						
or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpe	itlent 3 🗆 DOA	OTHE 4   Nu	R:	ACE OF D	_		one) her (Specify)				
marked,	ВУ РН	27. MANNER OF DEATN  1		Day, Year)		JURY M	1 🗆 1	RK? res 2	□ NO		EŞCRIBE NOW				
28 ls		3 Suicide 8 Could not be 4 Homicide determined	25e. PLACE building	of INJURY , atc. (Speci	— At home, farm,	street, fac	nory, office	·			CATION (Street by or Town, State)		or or Rural	Houte Nun	nDer,
NT: If Item	COMPLETE	29a. CERTIFIER 1 CERTIFYING PNYS (Check only one) MEDICAL EXAMINI	ICIAN: To the best of											(a) and ma	nner as stated.
PORTANT: If	BEC	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICI	ENSE NU	MBER		29d. DA		6-90	Day, Year)

OCME

111 Penn Street, Baltimore, MD 21201

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

VC

pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

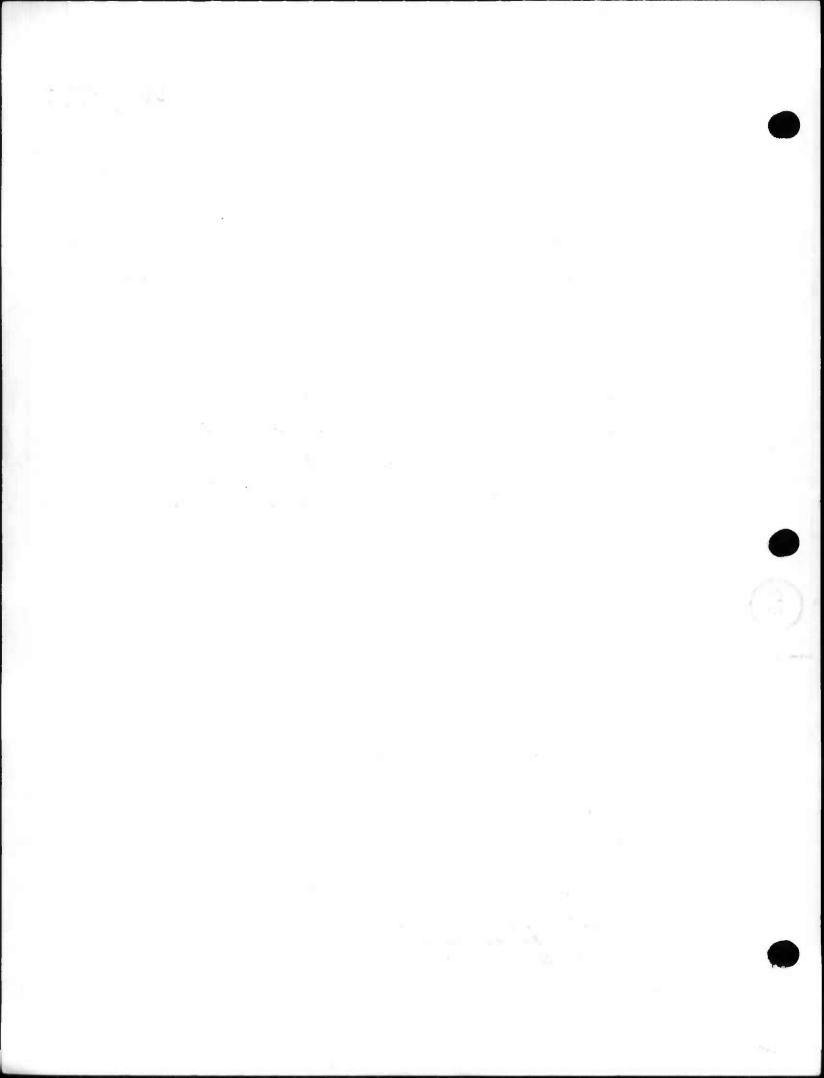
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CE	RHF	CAIL	OF DEATH		REG. NO.		0.00	1140
					MONTE	I DI	v v	3. T	IME OF DEATH
ETH HUBER					10	7	90		3 A M
- 1	AGE (In yrs. las				7. DATE	OF BIRTH	a.		CE (State or Foreign
1 🔀 M 2 🗆 F	71	YRS.	MONTHS LA	TS HOURS MIN.	2-20	5-19		Mary!	land
reet and number)			9b. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUNT	OF DEATH	
1			Tows	on			Balti	more	
		100 CITY	TOWN OR I	CATION				T 40.4	MAINT AITY
				CATION					INSIDE CITY
lilore		Tows	on			-			YES 2X NO
				21020 212					COUNTRY?
FORCES? 1 X	YES 2 P						or No- 14	Black, Wh	ite, etc.
			1 🗆	YES 2X NO Spe	offy:			Specify:	9
=	16a. DE	CEDENT'S	USUAL OCCU	PATION	16h	KIND OF BUS	INESS/INDUS		-
completed)	(G life	tve kind of w Do NOT us	ork done during retired.)	g most of working	1.00				
2 yrs	Ma	nagei				CEP			
				18. MOTHER'S			Surname)		
Huber				Grace			Fos	sler	
	19	b. MAILING	ADDRESS (St	set and Number or Run	il Route Numi	oer, City or Town	n, State, Zio Ci	ode)	
	20b. PLACE	OF DISPOS	ITION (Name o	of cemetery, cremetory of	,	20c. LO	CATION — CI	y or Town, S	State
oval from State	Green	**Mour	it 10-	10-90		Bal	timore	, Md	•
ENSEE	1								
1. 1/1			Ruc	k Towson	Funer	al Hom	e, Inc	2.	
1									
			ot entar the	mode of dying, a	uch as card	llac or respi	ratory arres	at,	Approximete Interval Between
		0	0	011	1			1	Onset and Death
6	-	Ce	rebr	( Hernor	rung	-			
DUE TO (OR	AS A CONSE	OUENCE OF	):		0			ł	
	1300	ער							
HO) OF 300	AS A CONSE							i	
DUE TO (OR	AS A CONSE								
552 10 (511	no A CONCE	DOLINGE OF	,.					į	
1								-	
contributing to da	ath but not i	resulting i	n tha under	lying cause given	in Part I.				RE AUTOPSY FINDINGS
							1	CON	MPLETION DF CAUSE DEATH?
							<i>y</i> —		YES 2 NO
				6. PLACE OF DEATH	Check only or	e)			
HOSPITAL:	3/Outpatient 3	□ DOA	OTHER:	Home 5 Residence	e 6 🗆 Othe	r (Specify)			
1 perfent 2 🗆 EF		1	F OF 28	. INJURY AT	284 DE	CRIBE HOW I	NJURY OCCU	RED	
28e. DATE OF INJ		28b. TIM	LIPW	WODE A	200. 02.				
		28b. TIM	URY	WORK?					
28e. DATE OF INJ (Month, Day,	War)	INJ	URY M 1	WORK?  YES 2 NO	28f. LOC	ATION (Street		Rural Route	Number,
28e. DATE OF INJ (Month, Day,	War)	INJ	URY M 1	WORK?  YES 2 NO	28f. LOC	ATION (Street or Town, State)		Rurel Route	Number,
28e. DATE OF IN. (Month, Day,  26e. PLACE OF In. building, etc.	UURY — At he	ome, farm, s	M 1	WORK? YES 2 NO	28f. LOC City	or Town, State)			Number,
28e. DATE OF INJ (Month, Day,	NURY — At he (Specify)	ome, farm, a	M 1 dreet, factory,	WORK?  YES 2 NO  office	28f. LOC City	or Town, State)	nner ee stated	i.	
26e. DATE OF IN. (Month, Day,  26e. PLACE OF IN. building, etc.  CIAN: To the best of my R: On the basis of exam	NURY — At he (Specify)	ome, farm, a	M 1 dreet, factory,	WORK?  YES 2 NO  office  date end place, end con, death occurred at	28f. LOC City	or Town, State)	nner ee stated	i. ceuse(e) and	d monner ea stated.
28e. DATE OF IN. (Month, Day)  26e. PLACE OF IN. building, etc.	NURY — At he (Specify)	ome, farm, a	M 1 dreet, factory,	WORK?  YES 2 NO  office  date end place, end don, death occured at 1  29c. LICENSE I	28f, LOC City	or Town, State) use(e) end mai	nner ee stated	ceuse(e) and	d menner ea stated.
28e. DATE OF INN. (Month, Day.)  26e. PLACE OF INbuilding, etc.  CIAN: To the best of my R: On the basis of exam	JURY — At he (Specify) knowledge, de ination end/or	ome, farm, a	URY M 1 street, factory, and at the time, n, in my opini	WORK?  YES 2 NO  office  date end place, end don, death occured at 1  29c. LICENSE I	28f. LOC City	or Town, State) use(e) end mai	nner ee stated	ceuse(e) and	d monner es stated.
26e. DATE OF IN. (Month, Day.)  26e. PLACE OF IN. building, etc.  CIAN: To the best of my R: On the basis of exam	JURY — At he (Specify)  knowledge, de ination end/or	ome, farm, so the state occurred investigation M 27) (Type,	URY M 1 street, factory, and at the time, n, in my opini	WORK?  YES 2 NO  office  date end place, end don, death occured at 1  29c. LICENSE I	28f, LOC City	or Town, State) use(e) end mai	nner ee stated	ceuse(e) and	d menner ea stated.
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	S. SEX 1 [X] M 2 G F  reet and number)  12. WAS DECEDENT ET FORCES? 1 [X] IF YES, GIVE WAR. 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ATTO OF BIRTH  CMOGRIS, Day, May.  10. ATTO  TOWS ON  10. CITY, TOWN OR LOCATION OF DEATH  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY, TOWN OR LOCATION  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. CITY OF DEATH  TOWS ON  10. 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COUNTY  Sec. COUNTY  Sec. COUNTY	ETH HUBER  8. SEX  9. AGE (in yrs. lest birthday)  10



FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

IE -

	REGISTRAR	CERTIFICA	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	TAULICAU	CD	1	DATE OF DEATH	G YEA	3. TIME OF DEATH
	NORMAN W.				10 10	70	110 /
	212-18-0347 1×2 □ F 71	YRS. MON		HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 9-23-1919	Co	RTHPLACE (State or Foreign nuntry) MINNESOTA
	9a. FACILITY NAME (If not institution, give street and number)	9b.		R LOCATION OF DEAT		9c. COUNTY O	F DEATH
DIRECTOR	FRANCIS SCOTT KEY MEDICAL CENT	TER	BALT	IMORE CIT	У		
<b>H</b>	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MARYLAND BALTIMORE		-	UNDALK			1 - YES 2/X NO
FUNERAL	1931 DUNDALK AVENUE		101	21 22			S.A.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U	J.S. ARMED		ENDENT OF HISPANIC	ORIGIN? (Specify Yee o		ACE — American Indian, Hack, White, atc.
BYF	1 Never Merried 2 Married FORCES? 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATE			ecify Cuban, Maxican, 2X NO Specify:	Puerto Ricen, etc.)		pecity: WHITE
유	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	AL OCCUPATIO	N el of working	16b. KIND OF BUSIN	ESS/INDUSTF	Y
ᇦ	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use reti	ired.)				
<u>F</u>	12TH GRADE N/A	CAF	RPENTE	?	SEL	F EMPL	OYED
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Maiden Sc	ımame)	
BE	ELMER JOHNSON	_			NDA HAGEN		
2	19a, INFORMANT'S NAME (Type/Print)	11/2/2	the same		ute Number, City or Town,		
	THELMA I. JOHNSON  20e. METHOD OF DISPOSITION  20b. F	PLACE OF DISPOSITION			DUNDALK.	MAKYLA ATION — CHY (	
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State	other place)		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		- 111	MARYLAND
	21. SIGNATURE, OF PUNERAL SERVICE LYCENSEE	-	22. NAME AI	D ADDRESS OF FACIL	LITY		
	hand Witeshand				KAL HUME NUE DUNDA		DALK, INC.
	23. PART I. Enter tha diseeses, or complications that caused		enter the mo	de of dying, auch	ee cerdiec or reepire	itory arrest,	Approximate
	shock, or heart fallure. List only one cause on each IMMEDIATE CAUSE (Finel		_				Interval Between Onset and Death
	disease or condition a. Acute T	Typicarde	el de	forho.	~		20 mgs.
	disease or condition resulting in death)  a. Acute To one As A Courte	CONSEQUENCE OF):	1.,				1040
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CONSEQUENCE OF):					1
CAT	cause. Enter UNDERLYING						
Ĕ	that initiated events	CONSEQUENCE OF):					
E	resulting in death) LAST						
	PART II. Other algorificent conditions contributing to death but	t not resulting in ti	he underlyin	g cause given in P			24b. WERE AUTOPSY FINDINGS
S					PERFORM		AVAILABLE PRIOR TO COMPLETION DF CAUSE
ED					_		DF DEATH? 1 ☐ YES 2 ☑ NO
2					_		
A	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Chec	k only one)		
SIC	EXAMINER?  1 YES 2 NO  HOSPITAL: 1 Inpatient 2 ER/Outpa		THER:  Nursing Hor	ne 5 🗆 Realdanca 8	☐ Other (Specify)		
PHYSICIAN: MEDICAL	27. MANNER OP DEATH  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	W	JURY AT DRK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURE	0
ВУ	2 Accident Investigation	At home form street	, L		2sf. LOCATION (Street ar	od Number or B	ural Bouta Number
COMPLETED	3 Suicide 8 Could not be determined 28a. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF INJUST 28b. PLACE OF I	(y)	it, vactory, orni		City or Town, State)	a nombor or n	oral room,
PE	29a. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the beat of my knowle	edge, death occurred a	t the time, det	end place, and due t	o the cause(a) and manr	ner as stated.	
MO	one) 2 MEDICAL EXAMINER: On the basis of examination	end/or investigation, is	n my opinion,	death occured at the ti	ime, date end place, end	due to the ca	use(e) and manner ee stated.
BE C	296. SIGNATURE AND TATLE OF CERTIFIER			29c. LICENSE NUM	BER	. 1	GNED (Month, Day, Year)
TO B	June 170 - 170.	•				<b>&gt;</b> /	0/10/90.
-	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEA	hha Had	plu'ns	det	of Medi	a.	
	31. DATE FILED (Winter, Day, Your) 32. WGETTH 4.0% VINNE	TUPE		- Y	1	•	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely to find with the State Derir or Health and Mental Hydiene prior to burial, cremati	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, t
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	1 - STATE OF M	ARYLAND / DEPAR CERTIF					MENTAL HYGIEN! REG. NO.	9	U	21148	
	1. DECEDENT'S NAME (First, Middle, Last) VIVIAN JOHNSON						2. DATE OF DEATH DAY OCTOBER 7,	1000	EAR 3.	TIME OF DEATH	
		6. AGE (In yrs. last birthday)	IF UNDER	YEAR	IF UNDER		7. DATE OF BIRTH		BIRTHPLA	S:15 a.m. M	
À	215-30-5129 1 M 2 7 F	61 YRS.	MONTHS	DAYS H	HOURS	MIN.	(Month, Day, Year) 5 - 01 - 2	9	Country)	VA.	
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, YOWN DR LOCATION DF DEATH 9c. COUNTY DF DEATH								
5	JOHNS HOPKINS HOSPITA	L.	BALT	CITY							
DIRECTOR	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN D	R LOCATIO	N				100	d. INSIDE CITY LIMITS?	
	MD	ВА	LTIM						1YYES 2 _ ND		
FUNERAL	100. STREET AND NUMBER  1815 N. WOLFE STR	OFFT									
S	11 MADITAL STATUS 12 WAS DECEDENT	EVER IN U.S. ADMED		WAS DECEN	IDENT D	F HISPAN	NC ORIGIN? (Specify Yes	or No 14	U S I. RACE — Black, W	American Indian.	
BY F	1 Never Married 2 Married FORCES? 1 3 Widowed 4 Divorced	YES 2 ND AR OR DATES		YES 2			n, Puerto Rican, etc.) y:			BLACK	
	15, DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OC	CUPATION	S I Isa		16b. KIND OF BUS	INESS/INDUS			
	(Specify only highest grade completed)  Elementary(Secondary (0-12) College (1-4 or 5 +	(Give kind of life. Do NOT u		uring most	of workin	g					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	DOMES	110		40 44077	IEDIO NA	ME (First, Middle, Maiden ;	0			
	ALEXANDER WEBSTER						LENA LE	,			
TO BE	190. INFORMANT'S NAME (Type/Print) CALVIN JOHNSON	19b. MAILIN	3 ADDRESS	(Street and	l Number	or Rural	Route Number, City or Town	n, State, Zip Co	ode)		
۴							_BALTIMOR				
	20e, METHOD DF DISPOSITION 1 [X] Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	BALTIMO	RF C	FMF	tery, cren TFR	natory or Y		TIMO			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			NAME AND				12110		,,,,,	
	- Onesn Coad		WM	.С.	MA	RCH	F.H. 110	1 E.	NOR	TH AVE."	
	23. PART I. Enter the diseases, or complications the shock, or heert failure. List only one ceu IMMEDIATE CAUSE (Final disease or condition		not enter		e of dy		h ss cerdlec or respi	ratory arres	ł,	Approximate Interval Between Onset and Daeth	
CERTIFICATION	s. DUE TO (OR AS A CONSEDUENCE OF):    DUE TO (OR AS A CONSEDUENCE OF):										
MEDICAL	PART II. Other significent conditions contributing to	). Large	In the un	derlying	cause	given in	Part I. 24a. WAS AN PERFOR	MED?	AM CC DF	ERE AUTOPSY FINDINGS BALLAGUE PRIOR TO DMPLETION DF CAUSE F DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER		CE OF D	EATH (C/	heck only one)				
14SI	1 ☐ YES 2 ☐ NO	ER/Outpetient 3 DOA INJURY 26b. TI	-	28c. INJU		esidence	8 Other (Specify)  28d. DESCRIBE HOW I	NJURY OCCU	RED		
ВУ Р	1 Netural 8 Pending (Month, D	lay, Your) IP	IJURY M	1 YE	K? ES 2 [	□ NO	New Transfer District				
ETED B	3 Suicide 8 Could not be determined  28e. PLACE 0 building,	F INJURY — At home, farm etc. (Specify)	, street, fact	ory, office			28f. LOCATION (Street of City or Town, State)		Rural Rou	te Number,	
COMPL	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period of employee the period									nd manner as stated.	
TO BE	296. SIGNATURE AND TITLE DF CERTIFIER  MY COUNTY MY ME AND ADDRESS DF PERSON WHO COMPLETED CAU	fellar	Deleti		F18			▶ /•	171	lonth, Day, Year)	
	michael A, Mc De with	SE OF DEATH (ITEM 27) (1)3	Le s	t.,	Vo-	wer	110, B-1	1. me	, :	212-5	
	31. DATE FILED (Month, Day, Year)  2. REGISTAL  THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY O	ndson-Mandale									

BALTIMORE, MARYLAND 21203-0146	mouns after death. Page 6 may be retained by the hospital or amending politician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 wours after death. Page 6 may be retained by the hospital or amentain participan.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	John C.	Jubb	Sr.							OCT. 6,	¹ 199	OYEAR	7:15 A M
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 Y	EAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-05-221	.0	1 🛣 M 2 🗌 F	73	YRS.	MONTHS E	DAY8	HOURS	MIN.	3-24-17	,	Ma	ryland
	9e. FACILITY NAME (If not ins	stitution, give at	reet end number)			9b. CITY. TI	b). CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						-
œ	3416 E. Le			»+									
2	RESIDENCE OF DEC		a pries	- C		Baltimore							
DIRECTOR	10e. STATE	10b. COUNTY											10d. INSIDE CITY LIMITS?
9	Maryland				Baltimore								1 NO YES 2 NO
	10e. STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUL		
FUNERAL	3416 E. L	ombar	d Stre	et			2	122	4	U.S.2			Α.
5	11. MARITAL STATUS		12. WAS DECEOE!	T EVER IN U.S.	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Ricen, etc.)  14. RACE — Black, W						— American Indian, t, White, etc.	
	1 Never Merried 2			YES 2 1	MO				n, Mexican Specify:				hite
BY	3 Widowed 4 Divor	rced										''	HILLE
COMPLETED	15. DECI (Specify only	EDENT'S EDUC highest grade	CATION completed)	(0	live kind of v	USUAL OCC	UPATIO	N at of workin	ng	16b. KIND OF B	USINESS/IN	DUSTRY	
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8	17. FATHER'S NAME (First, Mi	ddle, Last)						- 7-117		ME (First, Middle, Maide	n Surname)	<b>.</b> .	
BE (	James		J	ıbb				Ma					merman
2	190. INFORMANT'S NAME (7)									loute Number, City or T			
F	Mrs. Gert									reet Ba			
	289. METHOD OF DISPOSITI	ON n 3 🗆 Remo	oval from State	other p	lace)	ITION (Name			•	- 1	OCATION -	•	
	4 Donetlog 5 Other	(Specify)		Sacr	ed I	It. c	f	Jesi	us C	em. Ba	ltim	ore.	Maryland
	21. BIGNATURE OF POHERAL SHIVING LIGHTSEE 22. NAME AND ADDRESS OF FACILITY  Joseph N. Zannino Jr. Funeral Home												
	263 S. Conkling Street Balto. Md.										to. Md.		
	23. PART I. Enter the di												Approximate
4	ahook, or heart fetture. List only one cause on each line.  IMMEDIATE CAUSE (Pinal)  Onset and Death												
	disease or condition the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Research of the Resea												
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	PART II. Other significa	nt condition	a contribution to	death but not	regultine	n the und	orlyle	Carres	alven In	Part I 24s MAG	IN AUTOPSY	244	. WERE AUTOPSY FINDINGS
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	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE O (Month,	Pay, Year)	28b. TIM	E OF 2	WO	URY AT	7 110	28d. DEŞCRIBE HOY	FINJURY O	COHED	
B₹		Investigation	~	H		el .		YES 2	J NO	***			0 111
8		Could not be		OF INJURY — At h , etc. (Specify)	ome, ferm, i	erreet, factor	y, offic			28f. LOCATION (Stree City or Town, Sta	end Numb (e)	er or Rural i	Houte Number,
ET					~						,		
P	(Check only	IFYING PHYSI	CIAN: To the best of	f my knowledge, d	eath occum	ed at the tim	e, date	and place	, and due	to the cause(s) and r	nanner as st	ated.	
COMPLET	one) 2 MEDI	ICAL EXAMINE	R: On the beele of	examination end/or	Investigation	on, in my opi	nlon, d	eath occu	red at the	time, date end place,	end due to	the cause(	e) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIE	R					29c. LIC	ENSE NUN	MBER	29d. DA	TE SIGNED	(Month, Day, Year)
BE (	N. L	1 11.	1 10 00	A.o.				2	97	411		10%	6/90
		-(1)	OUNCVI					-	04/	1 ' /	-	/ (	3//
2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAN	ISE OF DEATH (IT	EM 27) (Type				11	1 - 1		1 - /6	3/ / 0
ĭ	30. NAME AND ADDRESS OF	PERSON WH	. //	ISE OF DEATH (IT)	EM 27) (Type		14	0. F	1d	•			5/ /
ĭ	30. NAME AND ADDRESS OF 96 / E	aste	B2-REGISTE	USE OF DEATH (IT)  AR'S SIGNATURE  SON-RANGE			14	0. F	1d	,			3/ / -

ion, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens or the manager, or removal.  IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
miled in by the furneral director, page 5 should be detachedon, or removal.	TO THE FUNERAL DIRECTOR'S After this certificate has been signed by the arrelating processing an expension of the fune and the first within 72 hours after death with the State Dept. of Health and Mental Hydiems of the processing of removal.
Aurs after death. Page 6 may be retained by the host	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certil and the continuous and the hospital continuous after death. Page 6 may be retained by the hospital continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the continuous and the contin
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

. DECEDENT'S NAME (First,	Middle, Last)		C	4.0	1.			2. DATE O		).	YEAR 3	. TIME OF DEATH
		CATHER	INE	E.	KRIC	K		10			O	4:30 1
1. SOCIAL SECURITY NUME		6. SEX	8. AGE (In yrs. In		MONTHS DAYS		24 HRS. MIN.		Day, Year)	6	Country)	LACE (State or Foreig
a. FACILITY NAME (If not in	-	street and number)		111111111111111111111111111111111111111	9b. CITY, TOW	OR LOCATI	ON OF DE	08/1C	130	9c. COUNT	Y OF DEA	A A
4	Samo		pital		Batter						men	
IOa. STATE		10c. CITY, TOWN OR LOCATION						1	10d. INSIDE CITY			
MD	1	Bettimore	Battimore					_   1	1 YES 2 NO			
00. STREET AND NUMBER	10f, ZIP CODE						N OF WN	N OF WNAT COUNTRY?				
8226 Les	irel D	rive				212	34				USI	<b>}</b> .
II. MARITAL STATUS	Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A			ECENDENT (				e or No— 1	4. RACE - Black,	- American Indian, White, atc.
Widowed 4 Divo		IF YES, GIVE W	AR OR DATES			ES 2 NO			vany attacy		Specify:	
15. DEC	EDENT'S EDU	ICATION	X		USUAL OCCUPA	X		166	KIND OF BU	ISINESS/INDU	Whi	te
(Specify onl	y highest grade	College (1-4 or 5 +			work done during		ng	1000	KIND OF BU	OIIVESS/IIVES	31111	
10		conege (I-V or 3 V	'	Hom	emaker							
7. FATHER'S NAME (First, M	iddle, Last)				ICHIOICC.	18. MOT	HER'S NA	ME (First, M	iddle, Maider	Sumame)		
Roger Mu	rphy					Ma	raar	et Ra	e			
Harry A.		(	1	96. MAILING 822	ADDRESS (Street	t and Numbe	or Rural I	Route Numbe	r, City or Tov	vn, State, Zip C Md. 2	1234	
tos. METHOD OF DISPOSIT	n 3 🗆 Rem	noval from State	Park	e of dispo	October	9,19	netory or			cation - ci		
1. SIGNATURE OF FUNERA		OFMORE										
		CENSEE	. /		22. NAME	AND ADDRE	SS OF FA	CILITY				
IMMEDIATE CAUSE (Findisease or condition_	Glado	den fluite complications that List only one cause	t ceused the c	ne.	Leor	ard J	. Ru	ck Ir				Approximate Interval Betwoods and D
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23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)  Sequentisity list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS  PART II. Other significations.  25. WAS CASE REFERRED T EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5   2   2   3   3   3   3   3   5   5   5   5   5	Glado	DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO (  DUE TO	to cused the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the consense of the c	EOUENCE O  EOUENCE O  EOUENCE O  R resulting  3 □ DOA  28b. 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23. PART I. Enter the d shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock, or h shock,	Glado iseases, or sert feliure. nel ions, diate ing irry int condition ont DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DU	t ceused the case on each life se on each life consideration and consideration and consideration and consideration and camination and consideration and cons	EOUENCE O  EOUENCE O  EOUENCE O  Resulting  3 □ DOA  28b. Till  Nome, ferm,  deeth occur or investigati	Leor not enter the in  In the underly  26.  OTHER: A DESTRICT SECURITY  ME OF JURY  M 1 Street, factory, or  red at the time, do on, in my opinion	Ing cause  PLACE OF Come 5 R NJURY AT WORK?  YES 2 [ Yes 2 [	. Ru ing, auc	Part I.  eck only one 6 Other 284. LOCA City o	24a. WAS AI PERFO 1 YES ) (Specify) CRIBE HOW TION (Street r Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU	24b, V	Approximate Interval Betwoonset and D  WERE AUTOPSY FINDING INCOMPLETION DF CAU- DOWPLETION DF CAU- DEATHY  WES 2 NO  ute Number,  and manner as state Month, Day, Year)	

TO BE COMPLETED BY FUNERAL DIRECTOR

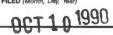
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTRAR	
_	_		8

## STATE OF MARYLAND / DEPARTMENT OF HEALTH

- STATE REGISTRAR	SIAIL OF MAILE	CERTIF			EATH	MENIA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH			3. TIME OF DEATH	
Paul	Daniel	]	Lee			<b>10</b> -8-90 <b>10</b>			YEAR	2:29PM	М
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)			F UNDER 24 HRS.	7. DATE	OF BIRTH	-		IPLACE (State or Foreign	n
220-82-5350	1 🕅 XM 2 🗆 F	23 YRS.	MONTHS	DAYS H	OURS MIN.	5	-2-196	7	MA	RYLAND	
9s. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY,	TOWN OR	LOCATION OF D	EATH		9c. COUNT	TY OF D	PEATH	
Bear Creek benea	th Wise Ave	. Bridge			DUNDALI		Baltimore County				
RESIDENCE OF DECEDENT											
10a. STATE 10b. COUNTY		10c. Cl	TY, TOWN O	DR LOCATION	N					10d. INSIDE CITY LIMITS?	
	ALTIMORE			DU	NDALK					1 TYES 2 XXNO	
10e. STREET AND NUMBER				10f. Z	IP CODE			10g. CITIZI	EN OF V	WHAT COUNTRY?	
8103 MIDHAVEN ROA	4D				2	1222				U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			DENT OF HISPA		N7 (Specify Yea	or No- 1	14. RACE — American Indian, Black, White, etc.		
XXever Married 2   Married	IF YES, GIVE WAR OR	DATES		YES X			rvicen, vic.)		Spec	flv:	
			I							WHITE	_
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	work done of	CCUPATION, during most of	of working	161	b. KIND OF BUS	INESS/INDU	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT									
10TH GRADE	N/A	1 HOL	<u>ISEMAI</u>	- T					IT C	OUNTRY CL	<u>ur</u>
7. FATHER'S NAME (First, Middle, Last)				1	6. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)			
WILLIAM P. LEE		11 5			FERN	MELI	SSA BE	<u>ACHY</u>			
96. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS	S (Street and	Number or Rura	l Route Nun	nber, City or Town	, State, Zip C	Code)		
FERN M. LEE		8103	MIDHA	AVEN	ROAD	BALT	IMORE.	MARY	LAN	D 21222	
0a. METHOD OF DISPOSITION		Ob. PLACE OF DISPO	OSITION (Na	ime of comet	ery, crematory or		20c. LOC	ATION - C	ity or To	own, Stata	
Donation 5 Other (Specify)	(	DAK LAWN	CEME	TERY	10-11.	-1990	BA	LTIMO	RE.	MARYLAND	
H. SIGNATURE OF PINERAL SERVICE LIC	ENSEE /	/			ADDRESS OF F		11011=	A# 011	1101		
W 16- 11/	7:1	/					. HOME DUNDAL		NVA	LK, INC.	
disease or condition reaulting in death)  Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE	OF): OF):	ALCO	HOL IN	POXIC	CATION	AND P	CP	USE	
that initiated events reaulting in death) LAST	d	A CONSEQUENCE		nderlying o	cause given i	n Part i.	24s. WAS AN PERFOR		248	a. WERE AUTOPSY FINDI	NGS
							XX YES 2	□ NO		COMPLETION OF CAUSOF DEATH?  XX YES 2 NO	ie.
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		CE OF DEATH (C	Check only o	one)		_		_
XXXES 2 □ NO	1 - Inpatient 2 - ER/Ou		4 🗆 Nur	rsing Home	5 🗆 Residence					bridge	
7, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year	)	IME OF NJURY	28c. INJUR WORK	(7	- 100	SCRIBE HOW II				
1 Natural 6 Pending 2 Accident Investigation	FOUND 10-		1:49pm 1 □ YES 2 ⋈ NO				SUBJECT DROWNED				
2 Accident investigation 3 Suicide 6 Could not be detarmined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)							28f. LOCATION (Street and Number or Rural Rigure Number, City or Town, State) BEAR CREEK BENEATH WISE AVENUE				
one)	CIAN: To the best of my kno									s) and manner as state	ıd.
296. SIGNATURE AND TITLE OF CERTIFIER	e Ghell			2	OCM					9-90	
MARGARITA A. KOR		DEATH (ITEM 27) (Ty)		. Penr	n Stree	et,Ba	ltimore	e,MD:	212	01	



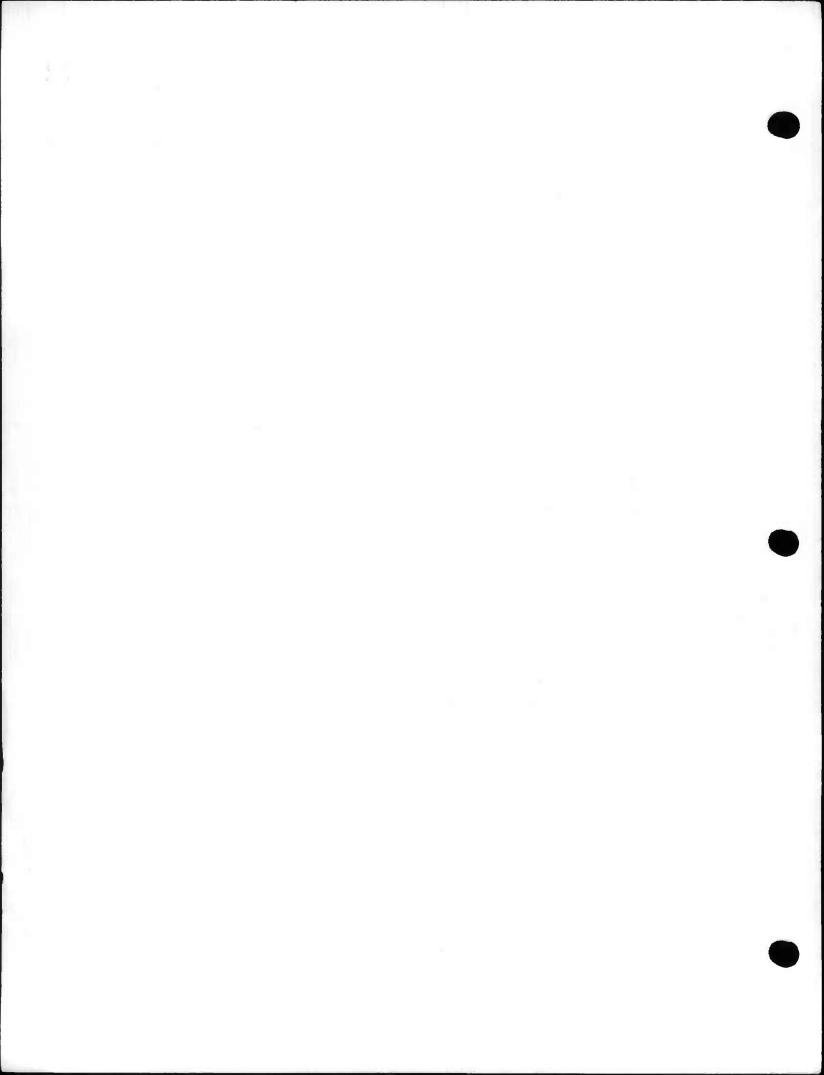


and within 24 wours after death. Page 6 may be retained by the hospital or attending physician. competely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should us commation, or removal. BALTIMORE, MARYLAND 21203-3146

affe event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the cent of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Merrar IMPORTANT: If Hean 28 is marked, or Nem 23 shows any Injury, or in the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent of the cent DIVISION OF VITAL RECORDS,

1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH MONTH DATE									DEATH DAY		YEAR 3	TIME OF DEATH	
	James	HA	LEUSCHEL					10			7 1990		5:55 a.™
			8. SEX		E (in yrs. last birthday) IF U		1 YEAR DAYS	IF UNDER 24 HRS.	(Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
I	220-20-1215		1XXM 2 □ F 61		YRS.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FEB. 7, 1929			MARYLAND	
_	9a. FACILITY NAME (If not institution, give street and number)							R LOCATION OF DE	ATH	- 1		TY OF DEA	
5	FRANKLIN SQUARE HOSPITAL						BALT	IMORE		County			
EC	10a. STATE 10b. COUNTY				10c, CITY, TOWN OR LOCATION						od. INSIDE CITY		
E	MARYLAND BALTIMORE			RE		В	ALT]	MORE				1	LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER				101	ZIP CODE	10g. CITIZEN OF WHA				AT COUNTRY?		
ER.	3001 EAS		21220			21220	U. S. A.						
5				T EVER IN U.S. A	T EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPA  TYPES 2 NO  14 yes, specify Cuban, Maxic						- American Indian, White, etc.		
BY 8	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES				2 NO Specify		,,		Specify:	WHITE
		EDENT'S EDU		CETIME	ECEDENT'S	USUAL OC	CUPATIO	ON	16b. KIN	D OF BUSII	NESS/INDI	USTRY	
E	(Specify onl	y highest grade	completed) Cotlege (1-4 or 5		Give kind of w e. Do NOT us	vork done d	luring mo	at of working	1,020,1000				
COMPLETED	NA		NA		CHIEF	ASP	HALI	INSPECT	OF STA	TE O	F VA	. & W	VA.
ON	17. FATHER'S NAME (First, M			<u> </u>				18. MOTHER'S NA	ME (First, Middle	e, Maiden S	urname)		
BE C	JOHN HALL							LILLIA	N PIST	OL			
TO B	19a. INFORMANT'S NAME (		/					nd Number or Rural I					
-	RUTH JOARN		HEL (WIF					Blvd., E	Saltimo				
	20a. METHOD OF DISPOSIT	on 3 🗆 Rem	oval from Stata	20b. PLACE	e of dispos blace) KLAWN	CEM	me of cer FTFE	netery, crematory or				RE, M	134.55
	4 ☐ Donation 6 ☐ Other 21. SIGNATURE OF SUNERA		CENSEE	_   OA	CLASSILIA	-			CHITY 110			· · ·	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  SCHIMUNER FUNERAL HOMES, INC.  3331 BREHMS LANE, BALTIMORE, MD.							21213					
	1 m	70.	well										
	23. PARTA. Entar tha d ahock, or h		List only one ce			not enter	tna mo	de of dying, suc	n aa cerdiac	or reapin	atory art	est,	Approximate interval Between
	IMMEDIATE CAUSE (Findisease or condition		Duchah	1 - C			[	h					Onset and Death
	resulting in death)	<b>→</b>	a. Probab	O (OR AS A CONS	OPOVA:	SCUT	ar E	vent					-
ž	·			c Renal									
MEDICAL CERTIFICATION	Sequentially list condit if any, leading to imme		DUE TO	OR AS A CONS	EOUENCE O	F):							
S	cause, Enter UNDERLY CAUSE (Disease or Inju		C										-
F	that initiated events resulting in death) LAS	ST B	DUE TO	O (OR AS A CONSI	EOUENCE O	F):							
H			d										1
4	PART II. Other algorific				_				Part I. 24	. WAS AN A			WERE AUTOPSY FINDINGS
5			otic Car			Dise	ase	with	1[	YES 2			COMPLETION OF CAUSE OF DEATH?
ME	Left V	entric	ular Dys	function	n				_				I NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			OTHE		LACE OF OEATH (CA	neck only one)				
YSI	1 TYES 2 NO		1 Inpatient 2		-	4 🗆 Nur	aing Hor	ne 5 🗆 Raaldenca					
	27. MANNER OF DEATH  1 X Natural 5	Pending	28a. DATE O (Month,	Day, Year)	28b. TIM	JURY M	W	JURY AT ORK? YES 2 NO	28d. OESCRI	BE HOW IN	JUNY OCC	CURED	
BY	2 Accident	Investigation	28a, PLACE	OF INJURY — At I	home, farm.	street, fac			281, LOCATIO	ON (Street a)	nd Number	or Rural Ro	ute Number,
COMPLETED	1 208. PLACE OF INJURY — At nome, farm, street, factory, office 1 201. LOCATION (Street and Number of Number,												
E	29a. CERTIFIER 1 CER	TIFYING PHYS	SICIAN: To the best of	of my knowledge.	death occurr	red at the	ime, det	and place, and due	to the cause(s	a) and man	ner as stat	ed.	
ME	cneck only												and menner as stated.
										Month, Day, Year)			
BE		Jun	e u	D.							<b>&gt;</b> j	0/7	190.
2	30. NAME AND AGORESS (												
	Dr. Wong,	3 W 2 W				are	Driv	e Balti	more 2	1237			
	31. DATE FILED (Month, Dev	noof	Tula D	AR'S SIGNATURE	ndelle			· · · · · · ·					
	0017	טננו ע	1										

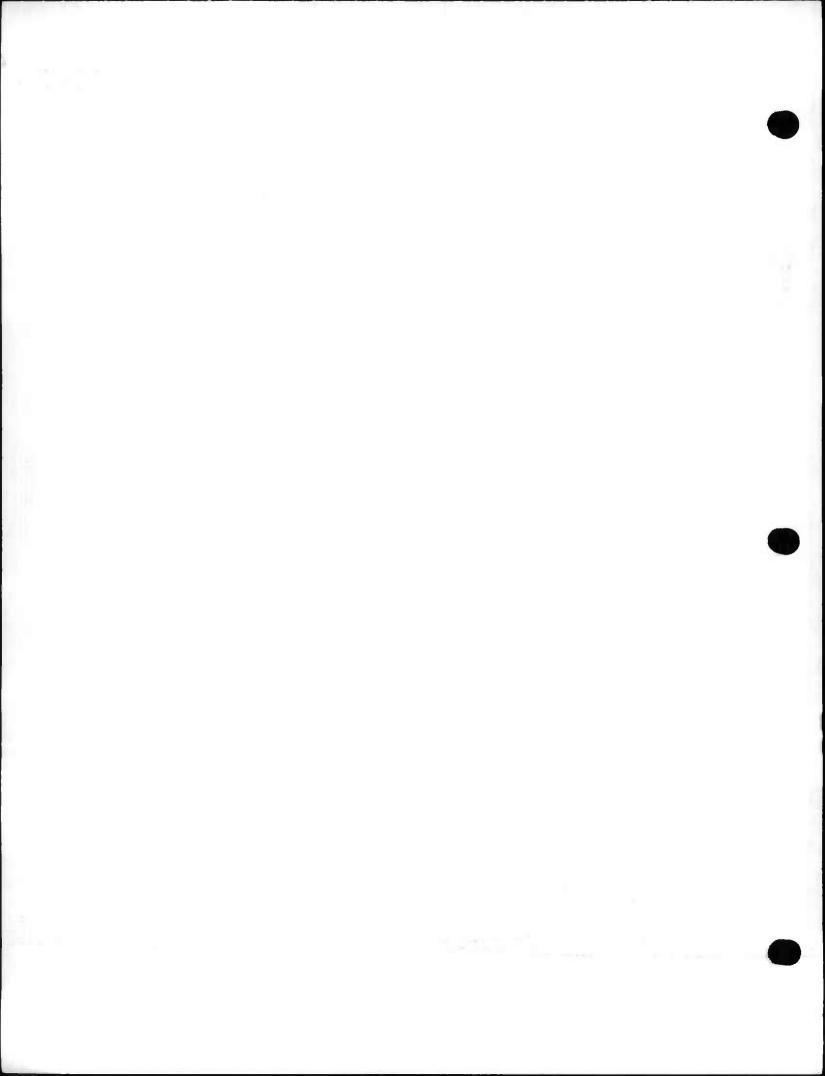


TO BE COMPLETED BY FUNERAL DIRECTOR

		Pages 1, 2, 3 should		
F VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 curs after death. Page 6 may be retained by the hospital or attending	) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the water artending physician and completely filled in by the funeral director, page 5 should be detached for use as the water artending physician and completely filled in by the funeral director,	th the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by	be filed within 72 hours after death with the State Dept. of Health and	IMPORTANT: If Item 28 is marked, or item 23 shows any li

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

- STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG	. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Charles	Thomas		onroe		2. DATE OF DEA	TH	YEAR	3. TIME OF DEATH 2:53PM M
4. SOCIAL SECURITY NUMBER 214-24-5144		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	7H 29	8. BIRTH Counti	IPLACE (State or Foreign
90. FACILITY NAME (If not institution, give st 1527 Edmondson A				or Location of DE			JNTY OF D	
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY		10c. CITY	TOWN OR LOCA					10d. INSIDE CITY LIMITS?
Md.  100. STREET AND NUMBER  1527 Edmondson /	Avenue			1. ZIP CODE 21223		10g. CIT	TIZEN OF V	1X YES 2 NO WHAT COUNTRY?
11. MARITAL STATUS  1 ☐ Never Married 2 ☐ Merried  3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes, sp	CENDENT OF HISPAN Hecify Cuben, Mexice 3 2 NO Specify	n, Puerto Rican, e		14. RACI	E — American Indien, k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  Coffege (1-4 or 5+)		usual occupations done during me or retired.)	ost of working	16b. KIND (	OF BUSINESS/IN		
17. FATHER'S NAME (First, Middle, Lest) Thornton Monroe	е			16. MOTHER'S NA Clar				
Nanie Thompson				ond Number or Aural I Dr., Bal			229	
20a. METHOD OF DISPOSITION 1 [2] Burlet 2   Cremetion 3   Remet 6   Donetion 6   Other (Specify)	oval from State	other place) Garrisor		metery, cremetory or C Vet. Ce		oc. LOCATION - Owings		ls, Md.
II. SIGNATURE OF FUNERAL SERVICE LIC	ensee man	ch	Marc	nd address of fa ch F/H We ) Wabash	est			
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF	<b>ገ</b> :	ungs				Onset and Deat
PART II. Other significant condition	a contributing to death	but not reaulting is	n the underlylr	ng cause given in	P	MAS AN AUTOPSY ERFORMED? YES XX NO	241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 24740
						QUIRY		1    YES IP    HO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 7 426 2 NO	HOSPITAL: 1   Inpetient 2   ER/Ou	stpatient 3 DOA	OTHER:	TLACE OF DEATH (Ch	6 Other (Spec	ffy)		
27. MANNER OF DEATH  XXX Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year		URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE	HOW INJURY O	CCURED	
3 Suicide 8 Could not be 4 Homicide datermined	28e, PLACE OF INJUI building, etc. (Sp	RY — At home, farm, a pecify)	street, fectory, offi	ce	28f. LOCATION City or Town	(Street end Numb , State)	er or Rural	Route Number,
(Orlock Orly)	ICIAN: To the best of my kno							e) and manner as stated.
296. NICHATURE AND TITLE OF CERTIFIES	Your			29c. LICENSE NU		29d. DA		0 (Month, Day, Year)
30. NAME AND AODRESS OF PERSON WH MARGARITA A. KOR	ELL,MD			nn Street	,Baltim	ore,MD	2120	)1
31. DATE FILED (Month, Day, Year)  0GT 1 0 1990	GUILLE DEUTON	Maryre Mandall						



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for		IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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6nm, Day, Year)

12. REGISTRAN'S SIG

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEAT	AND N	MENTAL HYGIEN		0-	27754
	1. DECEDENT'S NAME (First, Middle, Last)	J MO	NER	2					October 5, 199) 650			3. TIME OF DEATH PICE 0 655 M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign ry)
	216-07-8628 A	1 <b>M</b> 2 □ F	88	YRS.					oct.17,	t.17, 1901Pennsylvani		
œ	9a. FACILITY NAME (If not institution, give st							ON OF DE		9c. COL	INTY OF C	DEATH
5	Mercy Medica	Center	r		Baltimore, Md. 21202							
DIRECTOR	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY LIMITS?	
5	Md.			Baltimore								1 XXYES 2 NO
AL	10e. STREET AND NUMBER					101	ZIP COD	E		11.0		WNAT COUNTRY?
FUNERAL	524 N. Charle	s Stree	et				212				S.A	•
Ę	11. MARITAL STATUS  1 Never Married 2 Married	RMED NO					IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No—	14. RAC Blac	E — American Indian, k, White, etc.		
В	3 ₩ Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		_   ·	1 TYES	2 NO	Specify	<i>r</i> :		Spec	* White
	15. DECEOENT'S EDUC	ATION	16a, DE	CEOENT'S	USUAL O	CCUPATIO	)N		18b. KIND OF BU	ISINESS/IN	DUSTRY	
H	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	Altho	ilve kind of Do NOT u	work done : se retired.)	during mo	st of workli	ng				
APL		12th	Co	nst	ruct	ion			Const	truc	tion	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		700					HER'S NA	ME (First, Middle, Maider	Surname)	1 (200)	
BE (	John Molner								Mary Zul:			
0	19a. INFORMANT'S NAME (Type/Print)		19						Route Number, City or Tox			
	Mary M. Joblin		200 81 405		arles Plaza, Apt. 2007, Balto 21201							21201, Md
3	20s, METHOD OF DISPOSITION 1.A Burlel 2 Cremetion 3 Rame 4 Donation 5 Other (Specify)	ovel from State	other p	Nev	√ Ca	the	dra:	L Ce	metery	Bal	timo	ore. Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	. 0		22. NAME AND ADDRESS OF FACILITY							
	yoseph n.	ganne	de		Joseph N. Zannino Funeral Home 263 South Conkling Street, 21224							, Home 21224
	23. PART i. Enter the diseases, or ahock, or heart fellure.				o not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate interval Between							
	IMMEDIATE CAUSE (Finel	(	2			n 1.	7	-				Onset and Death
	disease or condition resulting in death)	DUE TO	nges	OUENCE O	J) (	Karl	A	8,1	11			y years
_	_	-	1	9 700	Ton	21	16					1
O	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):							- Kr
3	CAUSE (Disease or Injury	c		_								
TE	that initiated events resulting in death) LAST	OUE TO	(OR AS A CONSE	OUENCE O	IF):							i
CERTIFICATION		d										
	PART II. Other significant condition		death but not	reaulting	in the ur	nderlyin	g ceuse	given in		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
MEDICA	Fire wh	1 MANS	MAKNE	160	20	ina	ry		1 YES			COMPLETION OF CAUSE OF DEATH?
ME.		_								4		1 - YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	/			00.00	ACE OF E	FATH 701	eck only one)			,	
Sici	EXAMINER?	HOSPITAL:	2 DOA	OTHE	R:			8 Other (Specify)				
H	27. MANNER OF DEATH	28s. DATE OF	28b. TIR	AE OF	28c. IN.	URY AT	ESIGNICA	28d. DESCRIBE HOW	INJURY O	CCUREO		
ВУ Р	1 Venum 5 Pending 2 Accident investigation	(Morth, D	"	JURY M		PRK? YES 2 [	□ NO					
	3 Suicide 6 Could not be	28e. PLACE O building,	ome, farm,	street, fac	tory, offic	a		28t. LOCATION (Street City or Town, State		er or Rural	Route Number,	
ETE	4 Homicide determined											
F	Springer mak	CIAN: To the best of	my knowledge, d	eath occur	red at the	1ime, dete	and place	, and dua	to the cause(a) and me	enner as st	eted.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of a	xamination and/or	Investigati	on, in my	opinion, d	leath occu	red at the	time, data and placa, a	ind due to	the cause	a) and menner as stated.
BE	296. SIGNATURE AND TITUE OF CERTIFIE	to the same of the same of					29c. LIC	ENSE NUI	UMBER 29d. DATE SIGNED (Month/Day, Ye			15-101.
2	1/2/ ples		NO				L		10/5/9			15/90
	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAU	SE OF DEATH (ITI	EM 27) (Typ	e, Print)	,	71	Danl	01 8 11 11/			77167

DHMH-18 Rev 1/89

permit. Pages 1, 2, 3 should

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

A. J. HELOU, M.D

OCT 1 0 1990

CHURCH HOSP

3. REGISTBAR'S SIGNATURE Fulia Davidson-Randess

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	200		255	-

90 27755 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) HAROLD MAHER 2. DATE OF DEATH 3. TIME OF DEATH HAROL 6:45 P 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign 325 01 4382 1 M 2 - F DAYS HOURS MIN. Illinois 9a. FACILITY NAME (If not institution, give street end number 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH CHURCH HUSPITAL BACTIMORE DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10c. CITY, TOWN OR LOCATION 10e. STATE MD BALTI Towson Baltimore 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e. STREET AND NUMBER USA 1221 Wine Spring Road 21204 14. RACE — American Indien, Black, White, stc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES ANO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Married 2 Married White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Flementery/Secondary (0-12) College (1-4 or 5 +) 12 4 President Maher Engineering Co 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Frank Maher Mary Carroll 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Winifred Joan Maher Strueber same as #10a - #10f 20e. METHOD OF DISPOSITION

1 Deprine 2 Cremation 3 Rem
4 Donation & Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, Stata Dulaney Valley Mem. Gdns. 10/13/90 Timonium. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY
Ruck Towson Funeral Home, Inc. Ernest L. Feist III 1050 York Rd., Towson, Maryland 21204 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, **Approximats** shock, or heert fellure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disesse or condition reaulting in deeth) QUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentisily list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL REPTIC ULCER PERFORATION 1 TES 2 NO OF DEATH? 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF GEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide determined 29e. CERTIFIER

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(C (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE lou, 10-8-90 M.A

100 N. Broadway

BACTO, MD 21231

14. 4 13

and we by the con-

in mouted within 2000 after death. Page 6 may be retained by the 1	<ul> <li>and completely filled in by the funeral director, page 5 should be deta- te build. cremation. or removal.</li> </ul>	aumatic event, the medical examiner must be notified at onc
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that five death common and within 2 most after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the annual product and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director of the funeral director.	IMPORTANT: It liem 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE	STATE OF MAI							MENTAL			90	2	1156
	REGISTRAR		CE	RTIF	ICATE	UF	DEAL			REG. NO.				
	Decedent's Name (First, Middle, Last)     Jerry	Lee			Mat	his			2. DATE O MONTH	F DEATH	NY 7	YEAR 90	8:4	5 P M
	4. SOCIAL SECURITY NUMBER 214-44-6311	AGE (In yrs. last	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	9-46		e. BIRTHPLACE (State or Foreign Country) Maryland			
œ	9a. FACILITY NAME (If not institution, give at						R LOCATIO		ATH		9c. COU	NTY OF E	DEATH	
2	University Hospi	utai (STU)				Balt	imor	e						_
DIRECTOR	10a. STATE 10b. COUNTY Maryland	Baltimore 100			CITY, TOWN OR LOCATION Middle River								10d. INSI LJMI 1 YES	DE CITY TS? B 2 2 NO
FUNERAL	100. STREET AND NUMBER 5 Pinyon Court					101	ZIP CODI	21220				USA		
	11. MARITAL STATUS	12. WAS DECEDENT EV	VER IN U.S. AR	MED	13.	WAS DEC				(Specify Yea	or No—	t4. RAC	E — Americ	can Indian,
BY FL	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? XIX YES 2 NO IF YES, GIVE WAR OR DATES VICE LITERAL					WENO		n, Puarto Ri	can, atc.)		Blec	Black, White, etc. Specify: White	
TED	16. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON	5.	16b.	CIND OF BUS	SINESS/INI	DUSTRY		
ш	Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	life.	Do NOT us	nter		st of Workir	ig		State	of I	ver elv	land	
COMPL	17. FATHER'S NAME (First, Middle, Last)			100	11001		40 1407	UEDIO MAI		ddle, Maiden		icua J .	LOUIZO	
S	William tanford	Mathis					18. MOT		ie Sm		Sumame)			
0 8	19a. INFORMANT'S NAME (Type/Print)		198							r, City or Tow				
-	Mrs. Patricia Mat	his		<b>り</b> Ŀ	inyc	on Co	ourt	Balt	timor	e, Ma	rylar	nd	21220	)
	20a. METHOD OF DISPOSITION  1XXBurial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE other pla	ece!			netery, cren			20c. LOCATION — City or Town, State  Baltimore, Maryland			land	
- 1	21 SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			_22.	22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home								
- 1	Josephn Fee	newel)	Lon							me lto.,	ма	212	36	
	23. PART i, Enter the diseases, or o			ath. Do										proximats
	shock, or heart feilure.						,					,	int	erval Batween
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	. Multip				nds	with	com	plica	tions				
_		DUE TO (OF	AS A CONSE	OUENCE O										
CERTIFICATION	Sequentielly liet conditions, if sny, lesding to immediate ceuse. Enter UNDERLYING	DUE TO (OF	AS A CONSE	SEOUENCE OF):										
드	CAUSE (Diseese or injury that initieted events	cDUE TO (OF	AS A CONSEC	CONSEQUENCE OF):								<del>-</del>		
	resulting in death) LAST	d												
_	PART II. Other significent condition	e contributing to de	eth but not i	resulting	in the u	nderlyin	g ceuse	given in	Part I.	24a. WAS AN PERFO		24		TOPSY FINDINGS E PRIOR TO
PHYSICIAN: MEDICA								-	1 X YES 2	NO		OF DEATH		
Σ									-				1 PKAE	8 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Ch	eck only one	)				_
띯ㅣ	EXAMINER? 5/EXYES 2 - NO	HOSPITAL:	B/Outpetient 3	L □ DOA	OTHE	R:			8 🗆 Other					
Ĕ∣	27. MANNER OF DEATH	28s. DATE OF IN.	JURY	28b, TJA	IE OF	28c. IN.	URY AT	aeraerica		CRIBE HOW	INJURY O	CURED		
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, 9/18/	1311		9A M	1 🗆	YES 2	NO X	Sub	iect	shot			
0 8	3 Suicide 8 Could not be	28s. PLACE OF II building, atc	NJURY - At he	ome, farm,	street, fac	tory, offic	a		28f. LOCA	TION (Street Town, State)	and Numbe	er or Rural	Route Num	ber,
COMPLETED	4 X Monicide determined		street	-						Pula		Hwy,	Balt	to.Co,MD
7	TOTAL DINY	CIAN: To the best of my	knowledge, de	eath occur	red at the	time, date	and place	, and due	to the cau	e(a) and ma	nner sa st	nted.		
Š	one) 2 MEDICAL EXAMINE	R: On the beels of exam	nination and/or	Investigati	on, I <i>n</i> my	opinion, e	daath occu	red at the	time, deta	and place, a	nd due to	the cause	(a) and mar	nner an atated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	m					29c. LIC	ENSE NUI			29d. DA		D (Month, D	Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)			U	CME			TU/	8/90	
	Ann M. Dixon,	M.D De	puty C	hief				111	Penn	St	B	alto	, MD	SS
	31. DATE FILED (Month, Day, Year)  OCT 1 0 1990	Filia David	SIGNATURE	delle										
	עכבו ע ן ו ווו	4												

E 90 (269) VI 50 E E V I 75 W

FOR STATE REGISTRAR		) / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH	
1. DECEDENT'S NAME (First, Middle, Last)			2.
Robert	Orb	McKissick	5.6

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEI		21151			
	1. DECEDENT'S NAME (First, Middle, Las	st)	0_,,,,,,		2. DATE OF DEATN		3. TIME OF DEATN			
	Robert	Orb	M	cKissick			990 7:40PM			
	4. SOCIAL SECURITY NUMBER	7 7 7		UNDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign			
i	579-22-8349	1 👽 M 2 🗆 F	77 YRS. MO	NTHS DAYS HOURS MIN.		Country) Duisiana				
	9e. FACILITY NAME (If not institution, giv	e street and number)	96	CITY, TOWN OR LOCATION OF		9c. COUNTY				
۳ ا	Physicians Mer	morial Hosp	1tol	LaPlata		01	.1			
DIRECTOR	RESIDENCE OF DECEDENT	<del>"</del>				Char				
	10e. STATE 10b. COUL			DWN OR LOCATION		10d. INSIDE CITY LIMITS?				
- 1	MD.	Charles	Wa	ldorf			1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?			
	Bl Kipling Dri				601		USA			
	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER I	2 XNO	13. WAS DECENDENT OF NISP. If yes, specify Cuben, Mexi-	ne or No— 14.	RACE — American Indian, Black, White, atc.				
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR E	DATES	1 TES 2 NO Spec	ity:		Specify: White			
	15. DECEDENT'S E	DUCATION	16a, DECEDENT'S US	HAL OCCUPATION	18P KIND OF BI	JSINESS/INDUST				
ETED	(Specify only highest gra	ade completed)	(Give kind of work	done during most of working	TOOL KIND OF B	331112337111233				
2	Elementary/Secondery (0-12)	College (1-4 or 5+)	Electi	ctian	W. A.	Burge	99			
COMPL	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meide		55			
Ö W				Wil	lie		Clark			
00	190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number or Run		wn, State, Zip Co				
임	Robert K. McK	issick	81 Kip	ling Drive,	Waldorf	MD.	20601			
	200 METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITE	ON (Name of cemetery, crematory or		OCATION — City				
	1	smovel from State	Vomini Ba	pt. Ch. Ce	m. Mor	ntross	. VA. 22520			
- 1	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME AND ADDRESS OF	22. NAME AND ADDRESS OF FACILITY P.O. 130% 3					
- 1	b. Woodeli	ril Bins	016	Welch Fune	-1 14-		19014			
┪	23. PART I. Enter the diseasee, I		ad the death. Do not							
		re. List Dnly Dne ceuse on		enter the mode of trying, st	icir as cardiac or res	printory arrest	Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition		eech lina.				Interval Between Onset and Death			
	IMMEDIATE CAUSE (Finel		eech lina.	SPIRATOR)			Interval Between Onset and Death			
z	IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	. CARD	A CONSEQUENCE OF):	SPIRATOR;			Interval Between Onset and Death			
LION	IMMEDIATE CAUSE (Finel disease or condition	. CARD	eech lina.	SPIRATOR;			Interval Between Onset and Death			
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	S. CARD.  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):	SPIRATOR;			Interval Between Onset and Death			
TIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s. CARD.  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):	SPIRATOR;			Interval Between Onset and Death			
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	1. DECEDENT'S NAME (First, Middle, Lest) H.  2. DATE OF DEATH MONTH DAY YEAR 4 SOPM														
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	4. SOCIAL SECURITY NUMBER 220 - 48 -	7243	5. SEX	8. AGE (In yrs. I	YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De	y, result	890 XX	Counti	PLACE (State or For	
	9a. FACILITY NAME (If not it	natitution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEAT				17		INTY OF D		1.00		
DIRECTOR	KESU	SICK				BALTIMORE P"1					The Contraction	12			
ا <u>ا</u>	RESIDENCE OF DE	10b. COUNT	Y		10c, CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY	-
뜻	Maryland		Balti	imoro				Sparks						LIMITS?	NO
	10e. STREET AND NUMBER		Dares	IIIOI C		_	- Y	. ZIP COD				10g. CIT	IZEN OF V	VHAT COUNTRY?	
FUNERAL	18 Far Corne	nc Loon						211	152				1.60	SA	
<u> ۲</u>	11. MARITAL STATUS	13 1000	12. WAS DECEDEN	YT EVER IN U.S.	ARMED	13. 1	WAS DEC			NIC ORIOIN? (S	pecify Yes	or No-	14. RACE	- American India	in,
BY FI	1 Never Married 2 3 Widowed 4 Div			MAR OR DATES	Хио			ecity Cubi		nn, Puerto Ricar ly:	n, etc.)		Speci	r, White, etc.	
	15. DE	CEDENT'S EDU	CATION	16a, 1	DECEDENT'S	USUAL O	CCUPATION	ON		16b. KIN	D OF BUS	SINESS/IN	DUSTRY	03/1	_
COMPLETED	(Specify on Elementary/Secondary (	hy highest grade	College (1-4 or 5		(Give kind of life. Do NOT u	work done o se retired.)	during mo	ost of worki	ng						
2	12	0-12)	College (I-4 or 5	"	1	lomemai	ker								
5	17. FATHER'S NAME (First, I	Aiddle, Lest)				OTOTO	T CI	18. MOT	HER'S NA	AME (First, Middl	e, Meiden	Surname)			
ם ו	Gottfried Sp						1	Unknown							
	19a. INFORMANT'S NAME (		19b. MAILING	ADDRESS	(Street	and Numbe			City or Tow	n, State, Zi	ip Code)				
2	Mrs. Helen M.		196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  18 Far Corners Loop Sparks, Maryland 21152												
	20e. METHOD OF DISPOSIT	20b. PLAC	E OF DISPO	SITION (Na	me of ce	metery crey	matory or		20c. LO	CATION -	City or To				
	4 Donation 5 Othe	_ [Monet	and Men	d Memorial Park 10/13/90 Baltimore, Maryla						ryland					
1	21. SIONATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Leonard J. Ruck, Inc. 5305 Harford Road 212										21214				
CERTIFICATION	shock, or heart failure. List only one cause on each line.  Interval Betw Onset and D Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):  Due To (OR AS A CONSEQUENCE OF):									Death 6					
MEDICAL	PART N. Other algnific	ant condition	na contributing to	o death but no	t resulting	in the ur	nderfyln	ng cause	given in		PERFOR		248	WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?	TO
Ž	25. WAS CASE REFERRED	TO MEDICAL						1 100 00 1	DE 4714 (0)	hant and and					
2	EXAMINER?	IO MEDICAL	HOSPITAL:	270		OTHE	Rt:			heck only one)					
PHYSICIAN:	1 TYES 2 NO		1   Inpatient 2		_				lesidence	6 Other (Sp		11 H 100 A	0.001000		
ВУ РН	_ /	Pending Investigation	28e. DATE O (Month,	Day, Year)	28b. TIN	JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRI	BE HOW I	NJUHY O	CCUMED		
	a Deutstale	Could not be detarmined	28s. PLACE building	OF INJURY — At j, etc. (Specify)	home, farm,	street, fact	tory, offi				Route Number,				
D BE COMPLETED	onel only	DICAL EXAMIN	ER: On the basic of					death occu		e time, dete and		nd due to	the cause(	a) and manner as a D (Month, Day, Year)	
OT	30. NAME AND ADDRESS OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STA	rillix	32. REGISTR	USE OF DEATH (I	) 	p. Print)							- , , , ,	, ,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX-13146,	B	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attended to the complete the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event	J
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	1. DECEDENT'S NAME (First, Middle, Last)	MEDELL	NT NO					MONTH	OF DEATH	AY 4000	YEAR	3. TIME OF DEATH	
	ANNA	MERENI								1990			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YE	AR IF UNDE	R 24 HRS.	(Month	DE BIRTH		Country)	LACE (State or Foreign	
	213-52-8637	1 M 2 KF	98	YRS.	Aug. 19, 1892						Italy		
or	9e. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN OR LOCATION OF DEATH  Baltimore City							ATH	
5	4804 Belair Road					Baltı	city						
ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR L	DCATION						10d. INSIDE CITY	
	Maryland				Balt	imore C	ity					YES 2 NO	
	10s. STREET AND NUMBER					10f. ZIP COL						OF WHAT COUNTRY?	
	4804 Belair Road						2	1206			1	USA	
	11. MARITAL STATUS	NT EVER IN U.S. ARI			DECENDENT s, specify Cub				or No- 1	4. RACE -	- American Indian, White, atc.		
	1 Never Married 2 Merried  3 Wildowed 4 Divorced	WAR OR DATES			YES 2 KONO			sicuri, etc.)		Specify:			
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BE COMPLET		ve kind of wo	RT'S USUAL OCCUPATION  1 of work done during most of working  The melting in the state of working in t						STRY				
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  Coffege (1-4 or 5+)  Homemaker												
	17. FATHER'S NAME (First, Middle, Last)				TUIBIO		HER'S NA	ME (First 1	fiddle, Meiden	Sumamel			
	Joseph Cerrito					51542.1			ugliuzz	100000000000000000000000000000000000000			
	19a. INFORMANT'S NAME (Type/Print)	-	196	. MAILING A	ADDRESS (S	reet and Numbe					(ode)		
	Mr. Alfred B. Merend	ino		and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t		ad Fal					/		
	20s. METHOD OF DISPOSITION	-	20b. PLACE (	OF DISPOSIT		of cometery, cre		, rury		CATION — CI	ty or Tow	n, State	
	1 Burial 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State	- Most Ho		loomor	Camatan	v 10.	12/90	Ralt	imore M	/anvl	and	
	21. SIGNATURE OF FUNERAL SETTVICE L	CENSEE	11030 10	TY NCC		E AND ADDR		CILITY	Dare	JIIIDI C I	ui yı	a Ka	
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	23. PART I. Enter the diseases, or ahock, or heart fellure	List only one ca	at caused the dec use on each line.	nth. Do no	ot enter the	mode of d	ring, suc	h ee carc	llac or resp	iretory arre	st,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition	<i>(</i> : -	- 04	_ 0								Onset and Deat	
	resulting in death)	8	nte St										
		DUE TO	O (OR AS A CONSEC	UENCE OF)	:								
7	Sequentially list conditions,	b. OHE TO	/DR AS A CONSEC	HENCE OF									
ō	If any, leading to immediate												
ATION	ri any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
FICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF):											
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AL CE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d				lying cause	given In	Part I.	24a. WAS AN				
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Robert Fiberts TMD:
ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

3508 Bank Street

32. REGISTRAR'S SIGNATURE

Julia Davidson-Randall

Robert T. Liberto, M.D.

31. DATE FILED (Month, Day, Year)

OCT 1 0 1990

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

LUCILLE

¢	nician	8	trauma
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death entire of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended principle of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyphococcur	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traums
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give street and number)			9b. CITY, 1	TOWN 0	OR LOCATI	ON DF D		,				
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	Sa:	Saleslady										
1)		18. MOTHER'S NAME (First, Middle, Malden Surname)										
Conte		Eleanor Pulcino										
	19	b. MAILING	ADDRESS (	Street a	and Numbe	r or Rural	Route Nurr	ber, City or Tow	vn, Stere, Zip	Code)		
tro		441	2 Mil	ler	s St	atio	on Ro	. Mi	llers,	Md.	21107	
Mr. Dominic Petro  4412 Millers Station Rd. Millers, Md. 2  20s. METHOD OF DISPOSITION  20s. METHOD OF DISPOSITION  20s. Description 3 Removal from State  20s. Description (Name of cometary, crematory or other place)												
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Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE DF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
litions contributing t	to death but not	resulting	In the und	erlyin	g cause	given in	Part I.				ERE AUTOPSY FINDI	
1 □ YES ®© NO										0	OMPLETION OF CAUS F DEATH?	
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(Month,	De INJURY Day, Year)	Y 285, TIME DF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED							URED			
2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY – building, stc. (Specif)						IRY — At home, farm, street, factory, office pecify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
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	presented and number) tation Rd. Tourny Carroll tation Rd.  12. WAS DECEDE FORCES? 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MAILINO ADDRESS (Street of the Date of the Pileo) St. Mary S Cha  20b. PLACE OF INJURY (Andre)  DUE TO (OR AS A CONSEQUENCE OF):  18b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  19b. DUE TO (OR AS A CONSEQUENCE OF):  21b. DUE TO (OR AS A CONSEQUENCE OF):  21c. DUE TO (OR AS A CONSEQUENCE OF):  22c. DATE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. THE OF INJURY (Month, Dey, Veer)  22d. 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CHTY, TOWN OR LOCATION  Millers  16. CHTY, TOWN OR LOCATION  Millers  17. WAS DECEDENT EVEN IN U.S. ARMED PROCESS 1 1 WES 2 NO NOV. 16, 11  17. WAS DECEDENT EVEN IN U.S. ARMED PROCESS 1 1 WES 2 NO NOV. 16, 11  18. WAS DECEDENT OF HISPANC DRIGHTY (Specifty Westing Millers) Westing Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of the Millers Station Rd. Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS (Street and Number or Parall Routs Number, City or Town of Millers  19. MALLING ADDRESS OF FACILITY  10. List only one cause on each line.  20. LOCATION (Street Completed 2 ERPOUrpation 3 DOA 4 Number of Millers  21. MALLING ADDRESS OF FACILITY  22. NAME AND ADDRESS OF FACILITY  23. MALLING ADDRESS OF FACILITY  24. WAS AN ADDRESS OF FACILITY  24. WAS AN ADDRESS OF FACILITY  25. DUE TO (OR AS A CONSEQUENCE OF):  26. DUE TO (OR AS A CONSEQUENCE OF):  27. MALLING ROUTS OF MILING ADDRESS OF FACILITY  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Ch	1   M 2   N   84   YRS.   MONTHER   DAVE HOURS   MIN.   MOV. 16, 1905	The state and number)  Security Town or LOCATION OF DEATH  Security Town or LOCATION OF DEATH  Willers  Security Town or LOCATION  Millers  Security Town or Location  Security Town or Location  Millers  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Security Town or Location  Securit	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

6212 York Rd.

Timothy Herlihy,

MACK

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH

October 5, 1990

90 27760

3. TIME OF DEATH

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES PENO

October 8, 1990

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27761

	1 - STATE REGISTRAR	OINIE OF III	CE			OF DEA		MEHINE	REG. NO.			0 2110		
	1. DECEDENT'S NAME (First, Middle, Lest)	FLORENCE						2. DATE O			YEAR	3. TIME OF DEATH		
1	FLORENCE McCUBB		E KELES	MCCI	אודממנ			OCTO			590	900 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX (	S. AGE (In yrs. lest t	oirthday)	IF UNDER 1 Y		ER 24 HRS.	7. DATE OF	FBIRTH		6. BIRTH Countr	PLACE (State or Foreign		
	216-12-9299	1 🗆 M 2 🔀 F	67	YRS.	MONTHS	AYS HOURS	MIN.	2-8	- 23		Mary	71 and		
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, TO	OWN OR LOCA	ION OF DE	ATH		9c. COU	NTY OF D	EATH		
OR	UNION MEMORIAL	HOSPITAL			BA.	LTIMOR	E							
5	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	TV		10a CIT	Y, TOWN OR							10d. INSIDE CITY LIMITS?		
DIRECTOR		imore		Baltimore										
	10e. STREET AND NUMBER	TIIOTE		Dar	CIMOIC	101. ZIP CO	OF			10a. CIT	IZEN OF Y	1 Tes 2 NO		
RA	2335 Foster Ave.					2123				100	.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEOENT			13. WA	S DECENDENT	OF HISPAN	IIC ORIGIN?	(Specify Yea	Ц.,	14, RACE	American Indian,		
E	1 Never Married 2 Married	YES 2 XNC			es, specify Cut			can, atc.)		Speci	K, White, etc.			
BY	3 X Widowed 4 Divorced									Whi	ite			
	15. DECEDENT'S ED (Specify only highest grad	(Give	kind of	USUAL OCC	UPATION ing most of wor	king	16b. F	UND OF BUS	SINESS/IN	DUSTRY				
9	Elementary/Secondary (0-12)	Book		se retired.)			E	riend	vte					
COMPLETED	12 yrs	BOOK	.Keej	, e i	40.00	THE DIO 114	ME (First, Mi		_					
	Charles	26				ry	IMIC (F#SI, NA	Brat						
BE	19a. INFORMANT'S NAME (Type/Print)	Keye		MAILING	ADDRESS (S	Street and Numb	,	Route Numbe			n Corte)			
2	Elaine Ryan					ew Ct.					,			
	26a, METHOD OF DISPOSITION 1 & Burlal 2 Cremation 3 Re		20b. PLACE O	F DISPO	SITION (Name	of cemetery, cr	ematory or		20c. LO	CATION -	- Cify or To	wn, State		
	1 & Burlel 2 ☐ Cremation 3 ☐ Ra 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Dulan	ev	Valley	10-10	90		Tim	oniu	m, Mo	d.		
- 1	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	. 1					CILITY						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204													
	23. PART I. Enter the disesses, or	r complications that	ceused the dea	th. Do	_	_		_				Approximata		
	ahock, or heart failure IMMEDIATE CAUSE (Finel	. List only one caus	e on aech line.									Onset and Death		
	disease or condition resulting in death)	Bree	ast c	Car	uce-	_						3 vers		
7	resulting in dailth)		OR AS A CONSECU	JENCE C	IF):	_	1-		10					
ž	Sequentially list conditions,	U	stic	131-	ecsT	ch re ,	110	12/1	130	Ne				
E	if any, leading to immediate	DUE TO (	OR AS A CONSECU	JENCE O	P): /	. 0	15	-	line	,		41.1100		
2	cause. Enter UNDERLYING CAUSE (Disease or injury	a HEDU	OR AS A CONSECU	IENCE C	6/00	1	/ / /	UNC	nic			4 WKS		
CERTIFICATION IT	that initieted events resulting in death) LAST	Cup 7	+	/	~ ~ ×	6 27	42					17 vens		
		. d. 01021	2 7 6 6		1000	CIVI	0							
DICAL	PART II. Other significent condition	one contributing to	death but not re	sulting	in tha unda	ariying cause	given in	Part I.	24a, WAS AN PERFOI		248	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
음	Clasome,							_ 1	1 TYES	2 100		OF DEATH?		
ME	Depression							1				1 TES 2 LNO		
PHYSICIAN: ME										<del> </del>				
S C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF		,	,					
ΗXS	1 TYES 2 NO 27. MANNER OF DEATH	1 Monpatient 2 -	-	26b. TII	_	8c. INJURY AT	Rasidence	T	(Specify)	INJURY O	CCUREO			
	1 Natural 5 Pending	(Month, Da		IN	JURY	WORK?	□ NO	01100000						
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At hon	ne, farm,	atreet, factor	y, offica					er or Rural	Route Number,		
TED	4 Homicide 6 Could not b		etc. (Specify)					City o	r Town, State	)				
E	29a. CERTIFIER 1 CERTIFYING PHY	YSICIAN: To the best of a	my knowladge, das	th occur	red at the tim	e, data and pla	ice, and du	to the caus	e(a) and me	nner sa st	ated.			
COMPLETED	one)	=77										a) and menner as stated.		
	286. SIGNATURE AND TITLE OF CERTIF	un/	2 >			29c, L	ICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)		
BE	De to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second										7 1990			
5	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH (ITEM	27) (Typ	e, Print)			April 1	,	, /		.72		
	Frank K	uhler	00	(	Julo.	١ /	nem	um.		16	5,72	10/		
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	4			100	11.7%		-				

within servours after death. Page 6 may be retained by the hospital or attending physician. pletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O.

ment, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene IMPORTANT; It Item 28 is marked, or Item 23 shows any Injury, or other

DHMH-18 Rev 1/89

Patt 2 1 5

TO BE COMPLETED BY FL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or either transmits event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygens and to be the cremation, or removal.
the funeral director, page 5 should be detached for use as the burial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending processes commissed filled in by the funeral director, page 5 should be detached for use as the burlat
er death. Page 6 may be retained by the hospital or attending physic	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centrems are second within sections after death. Page 6 may be retained by the hospital or attending physic
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 18116,

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0/	) ,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CEH	HIFICA	ALE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	WILLIAM			N. JR		2. DATE	of DEATH	990	EAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212→18←4130	5. SEX 6.	AGE (In yrs. lest bir	YRS. WON	HOER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	Dey, Year) 2-1920	8.	BIRTHPLA Country) MAR	CE (State or Foreign YLAND	
20	9a. FACILITY NAME (If not Institution, give st FRANCIS SCOTT KE)		CENTER	9b.		IMORE CI			9c. COUNTY	OF DEATI	1	
5	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			0c. CITY, TOWN OR LOCATION 10d. INSIDE CITY								
DIMECTOR		ALTIMORE		ue. CITY, 10		DUNDALK				10	YES 2XXHO	
FUNERAL	1631 MANOR ROAD					1. ZIP CODE 212				US.A		
ā	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1. X IF YES, GIVE WAR	YES 2 NO	NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)							American Indian, hita, etc. WHITE	
EIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give I	DENT'S USU. kind of work of NOT use red	AL OCCUPATI fone during m red.)	ON ost of working	16b.	KIND OF BUS	SINESS/INDUS	TRY		
COMPLEIED	7TH GRADE	N/A		BR	EADMAN	18. MOTHER'S NA	ME (First A)		OWN BU	ISINE	SS	
200	WILLIAM A. MORTON	V. SR.				FL	OREN	CE H.	MARTIN			
2	190. INFORMANT'S NAME (Type/Print) SHIRLEY E. MORTO!	V			NOR RO	and Number or Rural AD BA		ORE. M			21222	
	20a. METHOD OF DISPOSITION  1     Buriel 2   Cremation 3   Remote   Population 5   Other (Specify)		20b. PLACE OF other place)	DISPOSITIO	N (Name of ca	metery, cremetory or 10-8-19	177	20c. LO	CATION — CIT	y or Town,		
	21. SIGNATURE OF FUNERAL SERVICE LIC			VIV CL	22. NAME A	NO ADDRESS OF FA	KCILITY		7. 30			
-	DUDA~RUCK FUNERAL HOME OF DUNDALK, INC.  7922 WISE AVENUE DUNDALK, MD 21222  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,   Approximate											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									Interval Batween Onset and Death		
NOIN	Sequentially list conditions, if any, leading to immediate	DUE TO (OF	R AS A CONSEQUE	ENCE OF):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant condition	a contributing to de	eath but not resu	ulting in th	e undertyir	ig cause given in	Part I.	24a, WAS AN			RE AUTOPSY FINDINGS	
DICAL								PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
-										1[	YES 2 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. F	LACE OF DEATH (C	heck only on	•)				
2	1  YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ E 28a. DATE OF IN. (Month, Day)	JURY 2	Bb. TIME OF	28c. IN	JURY AT		r (Specify) ICRIBE HOW I	NJURY OCCU	RED		
0	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be		NJURY — At home		M 1 🗆	YES 2 NO	261 LOC	ATION (Street )	and Number or	Bural Bout	Mumber	
EIED	4 Homicide determined	building, etc	:. (Specify)				City	or Town, Statu)			,	
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI COND 2 MEDICAL EXAMINE										nd manner as stated.	
u a	206. SIGNATURE AND SITE OF CERTIFIES	100				29c. LICENSE NU	MBER			-5-91	onth, Day, Year)	
2	C.V.I. VERGHESE					D FORT	нопла	n MAI				
	31. DATE FILED (Month, Day, Year)	Fedia Dav	SIGNATURE	Less.	I KUA	D FURL	IIOWAN	PIAI eu	KILKIND	210.	J &	
	OCT 09 1990	guna in	100010-10-10									

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	AL OR ATTENDING PHYSICIAN: The law requires that the death certif	A) DIDECTION After this partificate has been circued by the attending
	1	3

ľ	REGINA M.	MOSEL						OCTOBE	DAY	1990	
	4. SOCIAL SECURITY NUMBER  193-20-5489	5. SEX 8. A	IGE (In yrs. lesi		NTHS DAYS		24 HRS. MIN.	7. DATE OF B (Month, De) 9-10-	( Year)	Co	RTHPLACE (State or Foreign ountry) ENNSYLVANIA
OR	98. FACILITY NAME (If not institution, given THE JOHNS HOPKI					ORE C		ATH		SALTIMO	P DEATH
DIRECTOR	MARYLAND	BALTIMORE		10c. CITY, To	OWN OR LO		MERE				10d. INSIDE CITY LIMITS? 1 VES 2 NO
. 1	10e. STREET AND NUMBER					10f. ZIP COD					OF WHAT COUNTRY?
BY FUNERAL	15 THOMAS LANE  11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Olvorced	RT# 672A  12. WAS DECEDENT EV FORCES? 1 1 1  IF YES, GIVE WAR C	ER IN U.S. AR	MED	If yes,	ECENDENT C	F HISPAN	IC ORIGIN? (S) n, Puerto Ricen		or No- 14. R	S.A.  ACE — American Indian, Black, Whita, etc.  WHITE
ETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	CEDENT'S USI he kind of work Do NOT use re	done during stired.)	ATION most of workin	ng	16b. KIN	D OF BUSI	NESS/INDUSTR	YY .
COMPL	12TH GRADE  17. FATHER'S NAME (First, Middle, Last)	N/A	1	BARI	MAID	16. MOT	HER'S NAI	ME (First, Middle	e, Maiden Si		S BAR
	HERBERT O. WOOL	)						ARET N			
2	SANDY BROOKS		19		155 51006					State, Zip Code	" ORE. MD 21222
	20a. METHOD OF DISPOSITION  1 X Buriel 2 Cremation 3 R  4 Donation 5 Other (Specify)	amoval from State	other pl	OF OISPOSITI	METER	1 10-8	-199			TIMORE	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE C			DUDA		FUN	IERAL H IUE DU			DALK, INC.
	immediate Cause (Final disease or condition reaulting in death)	a. Electro	AS A CONSE	DON'C QUENCE OF):					m		Interval Batween Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  C. M. J. CARTON OF TO (OR AS A CONSEQUENCE OF):  C. M. J. CARTON OF TO (OR AS A CONSEQUENCE OF):  C. M. J. CARTON OF TO (OR AS A CONSEQUENCE OF):										
	PART II. Other significant condi				aba undad	7.86	196	Dort I Ou	L. WAS AN A	umoney T	24b. WERE AUTOPSY FINDINGS
MEDICAL	PART II. Other agrillocate contain	tions contributing to dea	itii but not		The dilderi	ying cause	given in		PERFORM	WED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			20 THER:	. PLACE OF I	DEATH (Ch	eck only one)			
PH	1 _ YES 2 _ NO  27. MANNER OF DEATH  1  Netural 5 _ Pending	1 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpatient 2 Inpa	URY	28b. TIME (	OF 28c.	INJURY AT WORK?			Other (Specify)  Bd. OEŞCRIBE HOW INJURY OCCURED		
TED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide detarmine	28a, PLACE OF IN building, etc.	IJURY — At he (Specify)						281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLE	and and	HYSICIAN: To the best of my									use(a) and menner as stated.
O BE CO	29b. SIGNATURE AND TITLE OF CERT	M D							SNED (Month, Day, Year)		
¥	30. NAME AND ADDRESS OF PERSON	of nother	SUNS			10591	m	دعا	NW	SAK	BAUMOVE M
	31. DATE FILED (Month, Day, Year)	12. REGISTRAN'S	SIGNATURE	L. C. DO.	-						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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OHMH-18 Rev 1/89

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	1. DECEOEN NAME (FIDE	Middle, (mst)	S. PI	LAU	=R					2, DATE	OF OEATN	<b>&gt;</b> (	90 1	92 n.
	4. SOCIAL SECURITY NUME 579-36-77		6. SEX	8. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.		of BIRTH #23.792		O. BIRTHEL Country) V11	ginia
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN C	OR LOCATI	ON OF OE	ATN		9c. COUN	NTY OF DEAT	
E	Grosveno	r Hea	alth Car	re Cent	er	В	eht	esda	a			Mon	tgom	ery
5	RESIDENCE OF DEC													
BE COMPLETED	Md.	10b. COUNT	P.G.			, TOWN C		NOO	7					d. INSIDE CITY LIMITS?
9	10e, STREET AND NUMBER		1.0.		14.									YES 2 NO
ERA			son St.				101	20°	722		U.S.A.			
BY	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR I YES 2 MAR OR DATES										Thite, atc.
ED	15. DEC	EDENT'S EDU	CATION COMPOSITE	16e. DE	ECEDENT'S USUAL OCCUPATION 166						b. KIND OF BUS	SINESS/IND		
PLET	Elementary/Secondary (6	3he kind of work done during most of working  DMemaker						Own	Home	2				
MO	17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Last)									Middle, Maiden	Surneme)			
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											Code)		
	Dora N. Simpson  Same as # 10 above  20a. METNOD OF DISPOSITION 1  Secretary or Disposition (Name of cemetery, cremetory or completely of the place)  1  Secretary Disposition (Name of cemetery, cremetory or completely of the place)  1  Secretary Disposition (Name of cemetery)  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or completely of the place)											State		
	4 Donation 6 Other (Specify) Palmer Family Cem. 10/11/90 Milton, N.C.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc. 4925 Burroughs Ave., N.E.													
	23. PART i. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING  CAUSE (Disease of Indust)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											Jews		
ERTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other algolfice	ent conditio	na contributing to	deeth but not	reaulting I	n the u	nderivin	d cause	given in	Part I.	24s, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
MEDICAL	Seiza .									_	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO		CK OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
_														
Y	25. WAS CASE REFERRED 1	O MEDICAL					26. P	LACE OF E	EATH (Ch	eck only o	one)			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	DOA	OTHE NU		ne 6 🗆 R	esidence	6 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATN 1 Netural 5	Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. TIM		28c. IN.	JURY AT ORK? YES 2 [			SCRIBE HOW	NJURY OC	CURED	
ED BY	2 Accident 3 Suicide 6 4 Nomicide	Could not be determined	28e. PLACE building	OF INJURY — At he	ome, farm, s	street, fac	tory, offic	in .		26t. LO	OCATION (Street and Number or Rural Route Number, Sity or Yown, State)			
COMPLETED	onel		SICIAN: To the best of											nd manner sa stated.
BE	29b. SIGNATURE AND TITLE	Jul	he					29c. LIC	O (	43		29d, DAT	E SIGNEO (M	onth, Day, Year)
2	Sidnas	F PERSON W	NO COMPLETED CAN	SE OF DEATH (ITE	1	Print)	1 ho	1	Laye	۷,	Noch.	Me	MD	NAT
	31. DATE FILED (Month, Day, OCT 1 0	1990	Suna Dai	ARIS SIGNAPORE										

Jr 68 - 5 - 5.

3

er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should wal,	il examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law mounts that the open can call the within 27 yours after	TO THE RUNERAL DIRECTOR: After this certificate has been supped to the amount of the property filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Deg. or the property of the page 1, 2, 3 should be filed within 72 hours after death with the State Deg. or the property of the page 1, 2, 3 should be filed within 72 hours after death with the State Deg. or the property of the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If Item 28 is marked, or item 23 shown any injury, or other transmits event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION ,

DIVISION OF VITAL RECORDS, P.O. POX 18146, BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (Firs	t, Middle, Last)			0		,	2. DATE	OF DEATH	y y	3. TIME OF DEATH
	VATO		J.	Kin	PAUC	10	10	7	7 90	2 7ºA
I. SOCIAL SECURITY NUM		6. SEX	6. AGE (In you	s. lest birthday)	MONTHS D	EAR IF UNDER 24 HF	(0.4	OF BIRTH	8.	BIRTHPLACE (State or Foreign Country)
215-68-0		1 X M 2 🗆 F	3	4 YRS.			10	65		ITALY
a. FACILITY NAME (If not I						WN OR LOCATION O	F DEATH		9c. COUNTY	
Stella Mar		pice			Tow	son			Balti	more
e, STATE	10b. COUNT	Y		10c. CITY	, TOWN OR L	OCATION				10d. INSIDE CITY
Maryland	Balti	more			P	arkville				LIMITS?
. STREET AND NUMBER			-			101. ZIP CODE			10g. CITIZEN	N OF WHAT COUNTRY?
8207	Laure	el Drive					21234		Unit	ed States
MARITAL STATUS		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED		DECENDENT OF HIS			or No- 14	. RACE — American Indian, Black, White, atc.
Never Merried 2       Wildowed 4   Div		IF YES, GIVE Y				YES 2 NO S		nican, etc.)		White
	CEDENT'S EDU	I CATION	Lan	DECEMBER	1		1.00		- 1	
(Specify on	ly highest grade	e completed)		(Give kind of w life, Do NOT use	rork done duri	ng most of working	160	. KIND OF BUS	INESS/INDUS	ТНУ
10 Yrs	(0-12)	College (1-4 or 5	+)	Hair	Styli	st.				
FATHER'S NAME (First, I	Widdle, Last)			110.21	o o j i i		NAME (First. I	Middle, Meiden	Surneme)	
Filippo			Rinaud	0		Gio	vanna			DiFatta
. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (S	treet end Number or R	urel Route Numi	ber, City or Town	, State, Zip Co	ode)
Giovanna	Maria	ani		8207	7 Laur	el Drive	Balt	imore,	Md. 2	21234
Da. METHOD OF DISPOSI*	TION		20h. PL	ACE OF DISPOS	ITION (Name	of cemetery, crematory	or	20c. LOC	CATION — City	y or Town, State
□ Donation 6 □ Othe	r (Specify) -E-	tombment	_ Du	laney \	Valley	10/10/	90	Ti	monium	Maryland
1. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE Milto	n J /Kn	lght Jr.	22, NA	ME AND ADDRESS O	FFACILITY		21	1214
· m	Tiltan	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	161	gite of .		onard J.	Ruck.	Inc.		Harford Road
sequentially liet condi f any, leading to imme	tions,	b		NSEQUENCE OF		ICIEN				
cause. Enter UNDERLY CAUSE (Disease or Inj		c								
that initiated events resulting in death) LAS	ST	DUE TO	(OR AS A CO	NSEQUENCE OF	7):					i
-=	-	d								
PART II. Other algnific	ant condition	ns contributing to	death but r	not resulting i	n tha unda	rlying cause give	In Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
	17/1									
5. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:				26. PLACE OF DEATH	(Check only or	ne)		
1 TYES 2 NO		1   Inpatient 2	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER:	Home 6 - Reside	nce 6X Othe	r (Specify) H	ospice	
7. MANNER OF DEATH		28e. DATE OF (Month, E	F INJURY Day, Year)	26b. TIMI INJ	URY	c. INJURY AT WORK?	28d. DE	SCRIBE HOW IF	NJURY OCCUP	RED
Natural 6 2 Accident	Pending Investigation					1 YES 2 NO	_			
3 Suicide 6 Homicide	Could not be determined	28e. PLACE ( building	OF INJURY — A , etc. (Specify)	At home, farm, s	street, factory	, office		ATION (Street a or Town, State)	nd Number or	Rural Route Number,
orinario . d										
anal		BICIAN: To the best of ER: On the basis of e								cause(a) and manner ee state
L SIGNATURE AND TITL				4 =		29c. LICENSE			29d. DATE S	SIGNED (Month, Day, Year)
Carlo	all (	elexa	nde	uso		D	27087		10	17/90
O. NAME AND ADDRESS (										/
Carla S. A	lexand	er, M.D.	- Ste	lla Mar	cis Ho	spice-Du	Laney '	Valley	RdI	lowson 21204
1. DATE FILLE (Marith) Day	Iggn	42. RECKETRA	AR'S SIGNATU	RE	,			-		

BENNE TO

9c. COUNTY OF DEATH

3. TIME OF DEATH

1:20

8. BIRTHPLACE (State or Foreign Country) MAINE

Рм

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 3-5-1901

10

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9e. FACILITY NAME (If not institution, give etreet and number)

4. SOCIAL SECURITY NUMBER

214-38-2989

	СТОВ	FRANKLIN SQUARE HOSPITAL ROSSVILLE Baltimor											
	DIREC	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LO				100	d. INSIDE CITY LIMITS?			
		MARY LAND B	ALTIMORE			ESSEX 101. ZIP CODE		L son CITI		_			
	ERAL	2018 ROCKY POINT	ROAD			21221		10g. CITIZEN OF WHAT COUNTRY?					
	FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER I			DECENDENT OF HISPAN		or No-		American Indian,	_		
		1 Never Married 2 Merried	FORCES? 1 TYES			, specify Cuben, Mexican YES 2 X NO Specify:			Specify:	Thite, etc.			
	D BY	3 Widowed 4 Divorced			1					WHITE	_		
	ш	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of wo	SUAL OCCUP rk done during retired )	ATION most of working	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY					
	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	SCHOOL		UNTY S	SCHOOLS						
once.	Š	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)											
76	BE (												
notified	2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	Dooby	Point Pool	oute Number, City or Tox	rn, State, Zip	(Code)	1221			
De n		State Totales											
event, the medical examiner must b		20a. METHOD OF DISPOSITION  1											
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  DUDA—RUCK FUNERAL HOME OF DUNDA											
		37	0			2 WISE AVE				/			
		23 PART I. Enter the diseases, or c								Approximate	_		
		ahock, or heart failure. I	List only one cause on e	acn line.						Onset and Das			
		disease or condition resulting in death)	Sepsis										
even				CONSEQUENCE OF	:								
age of	NO	Sequentially list conditions,	Pneumo	nia A CONSEQUENCE OF:						<u> </u>	_		
traumatic	AT	if any, leading to immediate cause. Enter UNDERLYING	DOE TO TON AS	CONSEQUENCE OF	•								
other	임	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF)	;					-	-		
0 10	CERTIFICATION	reaulting in deeth) LAST	d										
shows any injury.		PART II. Other significent condition	s contributing to death I	out not resulting in	the under	ving cause given in	Part i. 24a. WAS AI	N AUTOPSY	24b, WI	ERE AUTOPSY FINDING	35		
J I	MEDICAL	Sacral Decu		•		,	PERFO	RMED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE			
22	EDI	I leus											
sho							-		1 "	YES 2 NO			
23	AN	25. WAS CASE REFERRED TO MEDICAL			2	B. PLACE OF DEATH (Chi	ock only one)		1		-		
item.	PHYSICIAN:	EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Out		OTHER:	Home 5 - Residence	6 Other (Specify)						
d, 0	Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED		_		
8	>	1 Netural 5 Pending 2 Accident Investigation	(MONIN, Day, 10ml)			YES 2 NO							
E .	ED B	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, atc. (Spe	/ — At home, farm, at	reet, factory,	office	281. LOCATION (Street City or Town, Stets	end Number	or Rural Rout	le Number,			
100 E		4 Homicide determined											
item	COMPLET	CONSTRUCTION CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTO	CIAN: To the best of my know	rledge, death occurred	f at the time,	date end place, end due	to the cause(e) end mi	inner as stat	led.				
N H	OM	one) 2 MEDICAL EXAMINE	R: On the basis of examination	on end/or investigation	, in my opinio	on, death occured at the	time, date end place, e	nd due to th	ne cause(e) ai	nd manner as stated.			
MPORTANT:	BE C	29b. SIGNATURE AND THE OF CERTIFIER	1 11.11	′ ′ ′ ′		29c. LICENSE NUM	IBER	29d. DATE	E SIGNED (M	lontir, Day, Year)	_		
MP		Leon	Hed In	wo				•	16/9	190	_		
	2	30. NAME AND ADDRESS OF PERSON WH				D - 3 1 -	ND 01005	,					
		George Geils, M			q. Dr.	Balto.,	MD 21237						
-		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SIGN	NATURE									
- 1		OCT 1 0 1990	Amount of the	-Marindons									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DAYS

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN.

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

LUCY HELEN RATHKE

89

5. SEX

1 - M 2 F

.

2. DATE OF DEATH

3. TIME OF DEATH

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

William F. STEWA	RT							Oc to	ber 0		90	12:16 P
4. SOCIAL SECURITY NUMBER	8. AGE (In yrs.	last birthday)		DER 1 YEAR	IF UNDER		7 DATE O	E BIRTH	6 BIRTHPI		ACE (State or Foreign	
218-30-2945	1 M 2 F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	472	4 /3 3		Mar	yland
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. Cl	TY, TOWN O	R LOCATIO	ON OF DE	ATH		9c. COUN	TY OF DEA	TH
AMI DRS' HOSPITAL OF PG COUNTY LANHAM PRINCE GEORGE												
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY												
Md.	P.	G.	No. of	lito	chel	vil	le				13	LIMITS?
10a STREET AND MIMBER	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
	4705 Church Rd. 20716 U.S.A.											
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,											
1 Never Married 2 X Married	FORCES?	YES 2		1	If yes, spe	cify Cuba	n, Mexica	n, Puerto R			Black, \ Specify:	White, etc.
IF YES, GIVE WAR OR DATES  1 □ YES 2 X NO Specify:  Specify:  Specify:  Black												
15. OECEDENT'S EOUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working												
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired	d.)	II OI WORK	v					
8th			Engir	ieei	r				Но	spit	al	
17. FATHER'S NAME (First, Middle, Last)						100000			iddle, Meiden	777-1		
Gusti	ıs Stew	art				M	larg	aret	F]	.etch	ner	
19a. INFORMANT'S NAME (Type/Print)									er, City or Tow	n, Stata, Zip	Code)	
Thelma A. Stewa	art			_	as #			ve				
20e. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Remo	oval from Stata	othu	NCE OF DISPO					10 10		CATION —		
4 Donation 5 Other (Specify)		На	rmony									.a.
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY H. S. Washington & Sons, Inc.												
Sarry 1	1. C) L	all							Ave.			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart feiture. Liet only one cause on each line.												
immediate cause (Finel	Liet only one ce	use on eech	line.									Onset and Daa
disease or condition	DUE TO	cive	Intro	cu	ubra	0 1	ten	DETA	2000			1 2 days
resulting in death)	DUE TO	OR AS A CO	NSEOUENCE C	OF):					0			. 0
	HUD	OR AS A CON	CON									
Sequentially list conditions, if any, leading to immediate	סטיבי דכ	(OR AS A CO	SEQUENCE (	PF):								
cause. Enter UNDERLYING CAUSE (Disesse or injury	C										-	
that initieted events resulting in deeth) LAST	DUE TO	OR AS A CO	CONSEQUENCE OF):									
Testiting in deedil) CAST	d											<u> </u>
PART II. Other significent condition	e contributing to	death but n	ot resulting	in the	underlying	cause (	given in	Part i.	24s. WAS AN			VERE AUTOPSY FINDING
25									PERFO			WAILABLE PRIOR TO COMPLETION DF CAUSE
								_				OF DEATH?
								_				
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only on	e)			
EXAMINER?  1   YES 2/ NO	HOSPITAL:	☐ ER/Outpatier	R 3 DOA	OTH 4 🗆 I	IER: Nursing Hom	e 5 🗆 Re	esidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATH	26a. DATE O		26b. Ti	ME OF	20c. INJ	URY AT		28d. DES	CRIBE HOW	NJURY OC	CURED	
1 Netural 5 Pending	N/	Gey. Year)	"	M		YES 2	] NO					
2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE	OF INJURY — A	At home, farm,	street, 1	factory, offic	•		26f. LOC	ATION (Street or Town, State	and Number	or Rural Ro	ute Number,
4 Homicide determined	Danish	, was (openiny)						Sily .	J. Johns, Otano	,		
29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	f my knowledg	e, death occur	red at th	he time, date	and place	, and due	to the cau	se(a) and ma	nner se stat	ed.	
CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.  Check only  One)  2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
29b. SIGNATURE AND TITLE OF CERTIFIER	3					29c. LJC	ENSE NU	MBER		29d. DAT	E SIGNED (	Month, Day, Year)
Justie	5 M						53	on 1			10-6	- 0
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAI	JSE OF DEATH	(ITEM 27) (Typ	e, Print)								
	MARTIN	63	SIOK	CVII	LUSE	TH	Aux	e R	verde	rle	md	20737
OCT 1 0 1990	guna 1	AU don	Mandell	6								

M.N. 73

Pages 1, 2, 3 should

TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundat-tentist permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bundal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

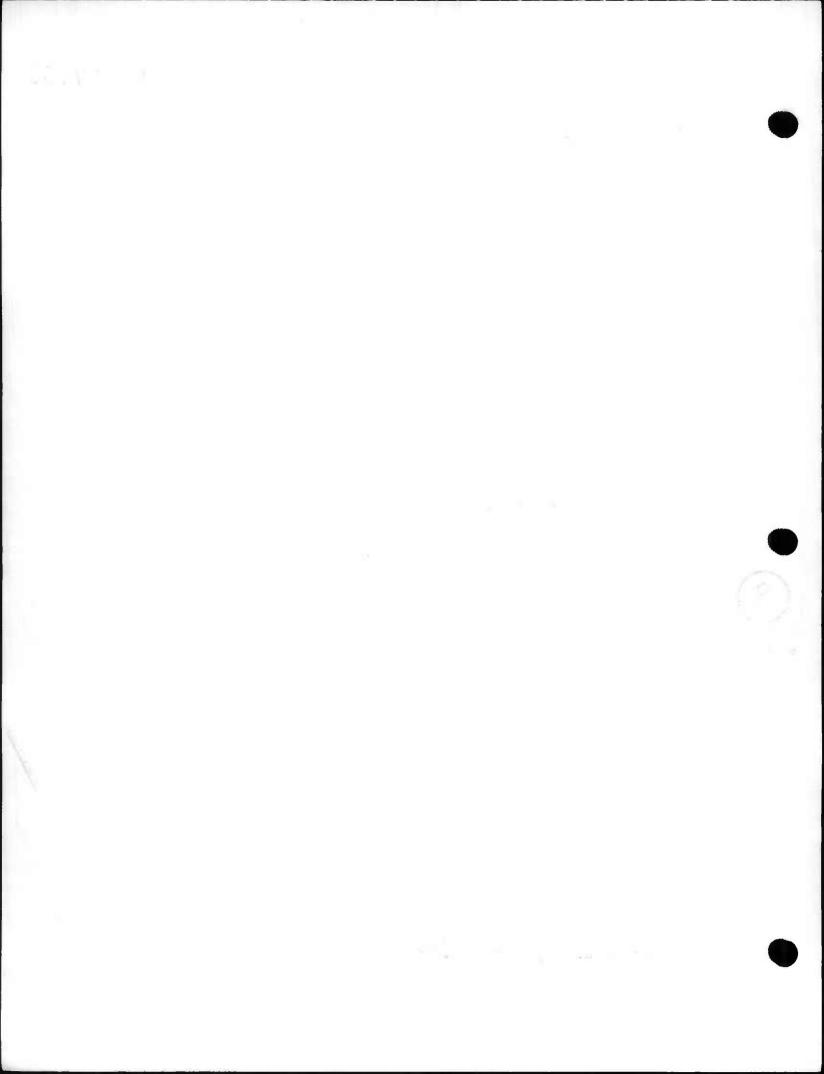
STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		C	ERTIFICATE	0	F DEAT	TH		REG.	NO.

	REGISTRAR			CENTIF	IOAI	LUI	DLA	1 6 1		HEG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Last)	73347			SMITH					DEATH	W A	YEAR	3. TIME OF DEATH
	ELLIOTT  4. SOCIAL SECURITY NUMBER	JAME 5. SEX			T				MONTH		1	90	8:05A H
		5. SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs.		MONTHS	DAYS	HOURS MIN. (Month,			Month, Day, Year) Count			
	213-32-0359  9e. FACILITY NAME (If not inetitation, give st	) The								yland			
œ				.,	MORE		АТН		9c. COL	INTY OF D	EATH		
ē	UNION MEMORIAL HO	JSPITAL			1	ALTA	MORE				L		
E	10e. STATE 10b. COUNTY		10c. CIT	Dc. CITY, TOWN OR LOCATION 10d. INSIDE									
DIRECTOR	Maryland			Ba1	tin	ore							LIMITS?
A	100. STREET AND NUMBER			101	. ZIP COD	E			WHAT COUNTRY?				
FUNERAL	1627 North Duk	eland S	treet				2121	. 6			U.	S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED	13	. WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (	Specify Yea	or No-	14. RACI	E — American Indian, ik, White, atc.
BY F	1 Never Merried 2 Nerried 3 Never Merried 4 Divorced	IF YES, GIVE W		XNO			2 NO			in, etc.)		Spec	elfy:
			Total Control										Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during me	ON at of worldi	ng	16b. KI	NO OF BUS	BINESS/IN	DUSTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5 +			nior Estimator					n+ 0	C C C	rno	ration
M	17. FATHER'S NAME (First, Middle, Last)		1 3	enioi	. 110	CIM		_	ME (First, Mid			rpo	Tacion
	Jonathan Smith	Sr							va Wi				
BE	190. INFORMANT'S NAME (Type/Print)	, 01.	T	19b. MAILING	ADDRE:	SS (Street o						io Code)	
임	Edna C. Smith												MD 21216
1	20e, METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Remo		20b. PLA	CE OF DISPO									own, State
1	1 N Buriel 2 Cremetion 3 Remo	id Ri	Ridge Cemetery   Baltim							nore, MD			
	21. SIGNATURE OF FUNERAL SERVICE LIC		22	. NAME A	ND ADDRE	SS OF FA	CILITY NI	itte.	r Fi	iner	al Homes,		
Herbert E. Mutter 2501 Gwynns Falls Baltimore, Maryla								ls Pa	arkv	vay			
	23. PART I. Enter the diesesee, or c shock, or heart fellure. I												Approximate Interval Between
	IMMEDIATE CAUSE (Fine)								P				Onset and Death
	disease or condition resulting in deeth)  a. LWR CA T METASTASS TO DVAM  DUE TO DR AS A CONSEQUENCE OF):												
	DUE TO (IDR AS A CONSEQUENCE OF):												
O	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	502.10	(01) AD A CON	OLOGENOE C									
윤	CAUSE (Disease or Injury thet initiated events	DUE TO	(OR AS A CON	SEQUENCE C	F):								
E	regulting in deeth) LAST	4											
EDICAL	PART II. Other algoriticant condition	s contributing to	death but no	ot reculting	ig in the underlying couse given in Part I					Part I. 24a. WAS AN AUTOPSY PERFORMED?			b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă									—   ¹	YES 2	NO		OF DEATH?
2									_				1 🗆 YES 2 🗗 NO
Ä	A. W. C. C. C. C. C. C. C. C. C. C. C. C. C.												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF E	DEATH (Ch	eck only one)				
448	1 TYES 2 AO	1 Dispetient 2 28e. OATE OF		26b. TII			ne 6 □ R JURY AT	eeldence	6 Other (S		M ILIDA U	CCURED	
	1 Netural 5 Pending	(Month, D			JURY	W	YES 2	□ NO	200, 0200,			JOSHILD	
BY	2 Accident Investigation 3 Suicide 6 Could not be	200. PLACE O	F INJURY - A	t home, farm,	atreet, fa							er or Rural	Route Number,
	4 Homicide determined	building,	etc. (Specify)						City or	Town, State)			
2	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the hest of	my knowledne	death occur	rad at the	time date	and place	and due	to the cause	(a) and ma	nner ee et	nted	
COMPLETED	const.												(e) end manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE						29c, LIC	ENSE NUI	MBER		29d. DA	TE SIGNE	D (Month, Dey, Year)
BE	mcculeny	M	0					N/A			<b>&gt;</b> 1	014	190
임	30. NAME AND ADDRESS OF PERSON MIN	O COMPLETED CAU	SE OF DEATH (	ITEM 27) (Typ				M/W					· -
		cwy E	saltin	nove	M	d							
	31. DATE FILED (Month, Day, Year) OCT 1 0 1990	Julia Da	AGON-A	Indice									

- 5 or 6 or

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certified the certified the certified of the certified that the death certified the certified that the death certified that the death certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that the certified that t	ed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOCTOME.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certified the personnel of the law requires that the death certified the personnel of the law requires that the death certified the personnel of the law requires that the death certified the personnel of the law requires that the death certified the law requires that the death certified the law requires that the death certified the law requires that the death certified the law requires that the death certified the law requires that the death certified the law requires that the law requires that the death certified the law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law requires the law requires the law requires that the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the law requires the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending project and project with the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiere. Not to burn communion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other informatic event, the medical examiner must be notified at once.

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	1. DECEDENT'S NAME (First, M	fiddle, Last)								2. DATE OF I			WEAR	3. TIME OF DEATH
	THELMA	ARTZ						MONTH 10	08		90	01:38 p M		
	4. SOCIAL SECURITY NUMBER	M.	5. SEX	8. AGE (In yrs.	last hirthday	IF UNDER	R 1 VFAD	IF UNDER	24 HP9	7 DATE DE B	HOTH	)		IPLACE (State or Foreign
- 1						MONTHS	DAYS	HOURS	MIN,	August	( Year)	046	Count	ry)
- 1	213-03-9504		1 □ M 2 X X X	74	YRS.						15, 1	916 Maryland		
	9a. FACILITY NAME (If not insti			9b. CITY	Y, TOWN C	OR LOCATI	ON DF DE	ATH		ı	9c. COUNTY OF DEATH			
٣l	THE JOHNS		BALTIMORE CITY BALTIMORE CI							ORE CITY				
DIRECTOR	RESIDENCE OF DECE													
Ĭ Į	10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
<u></u>	Maryland						В	altim	ore Ci	ity				1 X YES 2 NO
	10e. STREET AND NUMBER							. ZIP COD		10g. CITIZEN OF WHAT				WHAT COUNTRY?
FUNERAL	930 Cator Avenue	2							1218					ISA
빌		<u> </u>				1								
교	11. MARITAL STATUS  1 Never Married 2 M	amled	12. WAS DECEDEN' FDRCES? 1			13.				IIC ORIGIN? (S n, Puerto Ricar		or No-	Blac	E — American Indian, k, White, atc.
B	3 Widowed 4 Divorce		IF YES, GIVE W	AR OR DATES	`		1 TYES	2 💢 NO	Specify	<i>/:</i>			Spec	hite
														me
<u> </u>	15. DECEL (Specify only it	DENT'S EDUC		16a.	(Give kind of	work done	during mo	ON ost of world	ng	16b. KIND OF BUSINESS/INDUSTRY				
Щ <u> </u>	Elementary/Secondary (0-1	2)	College (1-4 or 5 +	)	Ille. Do NOT u	se retired.)								
ᅙ	9					Secre	tary							
COMPLETED	17. FATHER'S NAME (First, Mide	die, Last)						16. MOT	HER'S NA	ME (First, Middl	le, Maiden	Surname)		
	Frank Jones							Fmm	a Kle	in				
BE	19a. INFORMANT'S NAME (Typ	e/Print)			19b. MAILING	AODRES	S (Street			Route Number, (	City or Town	n, State. Zi	p Code)	
임	Mr. Hamer V. Sci									ore, Mar				
				no. =: :	CE OF DISPO					Jie, ridi				our State
	20a, METHOO OF DISPOSITIO	3 🗆 Bemo	oval from State	other	r place)									own, Stata
	4 Donation 5 DOller (S	Parky	vood Cer			Baltimore Maryland								
	21. SIGNATURE OF PUMERAL	SERVIDE LIQ	ERGEE /	/			22. NAME AND ADDRESS OF FACILITY							
	>////10/a	1 10	HIOK	2		16	eonan	d J. I	Ruck.	Inc. 53	05 Ha	rford	Road	21214
	//ZKCK/NO	1	inos	N.										
	23. PART I. Enter the dis- ahock, or her	edses, Dr c art fallure. I	omplications that List only one cau	t caused ths ise on each I	geath. Do ine.	not ente	r the mo	ode of dy	ing, suc	n ss cardisc	or respi	ratory si	rrest,	Approximats Interval Between
	IMMEDIATE CAUSE (Final													
	disease or condition resulting in death)  s. Wetchall a acidate  pue to (DR as a consequence of):										Cyt have			
												10		
,	Sequentially list conditions,  Due to (or as a consequence of):											sems		
ō														
AT	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury)										5 2075			
CERTIFICATION														
E	that initiated events resulting in death) LAST		500	'Grax	[01]	1.6	- A	5/12						LAND BYC
與			q. Taile		10	in	cue	No	1					
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS													
EDICAL			_								PERFOR	-		AVAILABLE PRIOR TO COMPLETION DF CAUSE
٥										— [ ¹ ˈ	YES 2	NO		OF DEATH?
													1	1 TYES 2 NO
ä														
PHYSICIAN: N	25. WAS CASE REFERRED TO	MEDICAL						LACE OF	DEATH (Ch	eck only one)				
Sic	EXAMINER?		HOSPITAL:	ER/Outpatien	3 DOA	OTHE 4 □ Nu		ne 5 🗆 F	Rasidence	6 Other (S	pec/fy)			
¥	27. MANNER OF DEATH		26s. DATE OF	INJURY	28b, Til	WE OF	28c. IN	JURY AT		28d. DESCR		INJURY O	CCURED	
	1 Natural 5 P	ending	(Month, E		IN	JURY M	W	ORK? YES 2	NO					
BY	- Condent	rvestigation	28e PLACE C	F INJURY — A	t home for-	otract fo				284 LOCATH	N /Steam	and Numb	er or Drumi	Route Number,
		could not be etermined		atc. (Specify)	. rome, rarm,	etreet, fe	cory, om	od			bwn, State		er or murer	riouse remosi,
COMPLETED	29a. CERTIFIER 1 CERTII	FYING PHYSI	CIAN: To the best of	my knowledge	, death occur	red at the	time, dat	a and plac	e, and due	to the causs(	a) and ma	nner as at	ated.	
M	000)	AL EXAMINE	R: On the basis of a	xamination and	l/or investigat	lon, in my	opinion,	death occ	ured at the	time, data and	d place, ar	nd due to	the cause	(a) and manner as stated.
	29b. SIGNATURE AND TITLE	OF CERTIFIES	9					20- 11	SENET NO	MBED		204 64	TE BIOME	D (Month Day Mars)
BE	A SIGNATURE AND TITLE	UP CERTIFIER	~					290. LIC	CENSE NU	WACH		290. 0/	TE BIGNE	D (Month, Day, Year)
10	H. 6	ンで「	1 (1	14				50	IN	in		10	78	04/7
F	30. NAME AND ADDRESS DF	PERSON WH	D COMPLETEO CAU	SE OF DEATH	(ITEM 27) (Typ			-						1
	H.BURON	5	ONNE	LASKI	1122	Ma	ERK	MC	60	06,0	nar	75 (	THE	war wo
	31. DATE FILED (Month, Day, Y	bar)		AR'B SIGNATUR								`		
	OCT 10	1990	Julia Da	ridson-A	molette									
-	00110	1000	0	1-941	dl.	4				-				DHMH-16 Rev 1/89



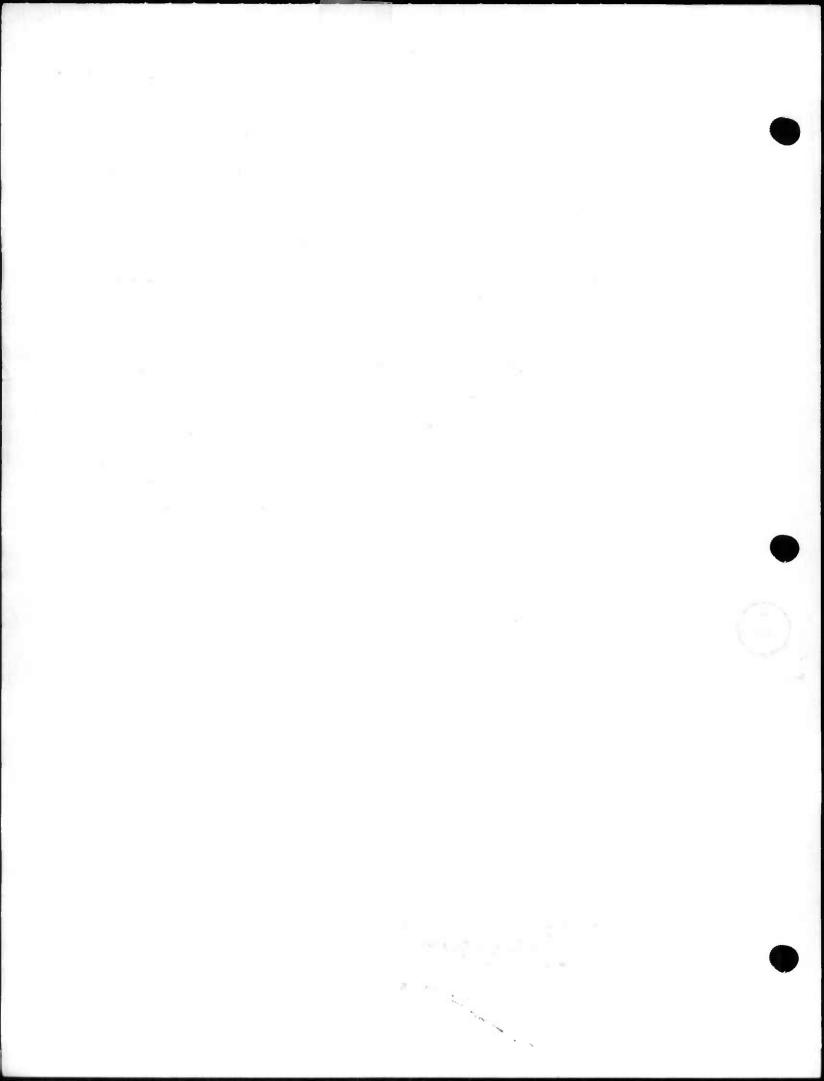
DIVISION OF VITAL RECORDS, P.

and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should no burial, cremation, or removal. cuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that he described within 24 hours after death. Page 6 may be retained by the into the FUNERAL DIRECTOR: After this certificate has been signed by the man and completely filled in by the tuneral director, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Merita has a burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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	FOR 1 - STATE REGISTRAR	STATE OF MAR					EALTH AND I	MENTA	REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)	4					OF DEATH YEAR 3. TIME OF DEATH						
ľ	LESLIE G.	SCHE	K				10	N DA	10:35 a M				
	4. SOCIAL SECURITY NUMBER		NGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.		ACE (State or Foreign	
1	152-22-4571	59	YRS.	MONTHS	DAYS	HOURS MIN.	5-1	7 – 31	Jersey				
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATN		
FUNERAL DIRECTOR	213 Deer Fox Land		Tim	oniu	m			Ba1t	imo	re			
EC	10a. STATE 10b. COUNTY			10c. CITY	r, TOWN	DR LOCAT	ION				10	od. INSIDE CITY	
H	Maryland Balti	imore				Ti	monium				☐ YES 2 NO		
7	10s. STREET AND NUMBER						ZIP CODE			10g. CITIZEI	N OF WH	AT COUNTRY?	
18	213 Deer Fox Lar	ne				2	1093			IJ.S	S.A.		
3	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. A	RMED		WAS DEC	ENDENT OF HISPAN				RACE -	- American Indian,	
	1 Never Married 2 Merried	FORCES? 1 X 1		NO			city Cuban, Mexica 2 NO Specify		Rican, atc.)		Specify:	Vhita, etc.	
BY	3 Wildowed 4 Divorced	Korea								N	Vhite	9	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. 0	Give kind of w	USUAL O	CCUPATIO	N st of working	18b	. KIND OF BUS	INESS/INDUS	TRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)											
MP		4 yrs	Vi	ce Pre	esid	ent-	Finance		Noxe11	-			
8	17. FATHER'S NAME (First, Middle, Lest)	a 1 1					16. MOTNER'S NA						
BE	Leslie	Schel					Helen		Breza				
6	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural I						
-	Sara Jane Schek						Lane Tim	oniu					
- 1	20s. METHOD OF DISPOSITION  1   Burlel 2- Cremation 3   Remo	oval from State	e of dispos place) n Moui	SITION (N	ame of cen	netery, crematory or			timore		•		
	4 Donation 5 Other (Specify)		n Mou				OH PEN	Dai	(TINO LE	, IVI	4.		
	21, SIGNATURE OF FUNERAL SERVICE LIC	ensee	//		22.	Ruck	TOWS ON	Fune	ral Ho	me, Ir	ıc.		
	Rom 1	4. Knul	1.			1050	York Rd	. To	wson,	Md. 21	1204		
	23. PART I. Enter the diseases, or of shock, or heart fallure.				not enter	r ths mo	ds of dying, suc	h ss csn	diec or respi	ratory srres	ri,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel											Onset end Death	
	disease or condition Renal failure												
	DUE TO (OR AS A CONSEQUENCE OF):  Congestive heart failure  Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										2 mos.		
CERTIFICATION													
SAT	If any, leading to immediate cause. Enter UNDERLYING Heart Transplant									1988			
Ĕ	CAUSE (Disesse or Injury that initiated events	DUE TO (OR	AS A CONS	EOUENCE O	F):								
E	resulting in deeth) LAST												
	PART II. Other aignificant condition	s contributing to der	ath but not	t resulting	In the u	nderlvin	csuse given in	Part i.	24a, WAS AN	AUTOPSY	24b. W	PERE AUTOPSY FINDINGS	
8									PERFOR	IMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE	
								_	1 TYES 2	XC NO		F DEATH?	
2			· · · ·					_			Ι΄	_ 1ES 2 _ NO	
PHYSICIAN: MEDICAL	25, WAS CASE REFERRED TO MEDICAL	T				26. PI	ACE OF DEATH (Ch	eck only o	ne)		1		
Sic	EXAMINER?  1  YES 2 NO	HOSPITAL: 1   inpatient 2   ER	VOutpatient	3 DOA	OTHE 4 Nu		e 5X Rasidenca	5 □ Oth	er (Specify)				
H	27. MANNER OF DEATH	28e. DATE OF INJ	URY	28b. TIM	E OF	28c. INJ	URY AT		SCRIBE NOW I	NJURY OCCU	RED		
	1 Natural 5 Pending	(Month, Day, Y	rear)	IN.	JURY		PRK?						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN		home, farm,	street, fac	ctory, offic	•	26f. LOC	CATION (Street	and Number or	Rural Roo	ute Number,	
TEC	4 Homicide determined	building, etc.	(Specify)					City	or Town, State)				
F	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my	knowledge	death occur	ed at the	time, date	and place, and due	to the co	use(a) and me	nner as stated	).		
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R /					29c. LICENSE NUI	MBER ,		29d. DATE	uayto //	Aug. Diey, Year)	
BE	Varial of	کمورک (	de	1)			0 111	74		▶ 16	10	90	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE (	OF DEATH OF	TEM 27) (Type	, Print)			•		1	1		
Donald Wood M.D. 2 Greenmeadow Dr											U	<u> </u>	
	OCT 1 0 1990	THE DOUGLOST	Janos	2									

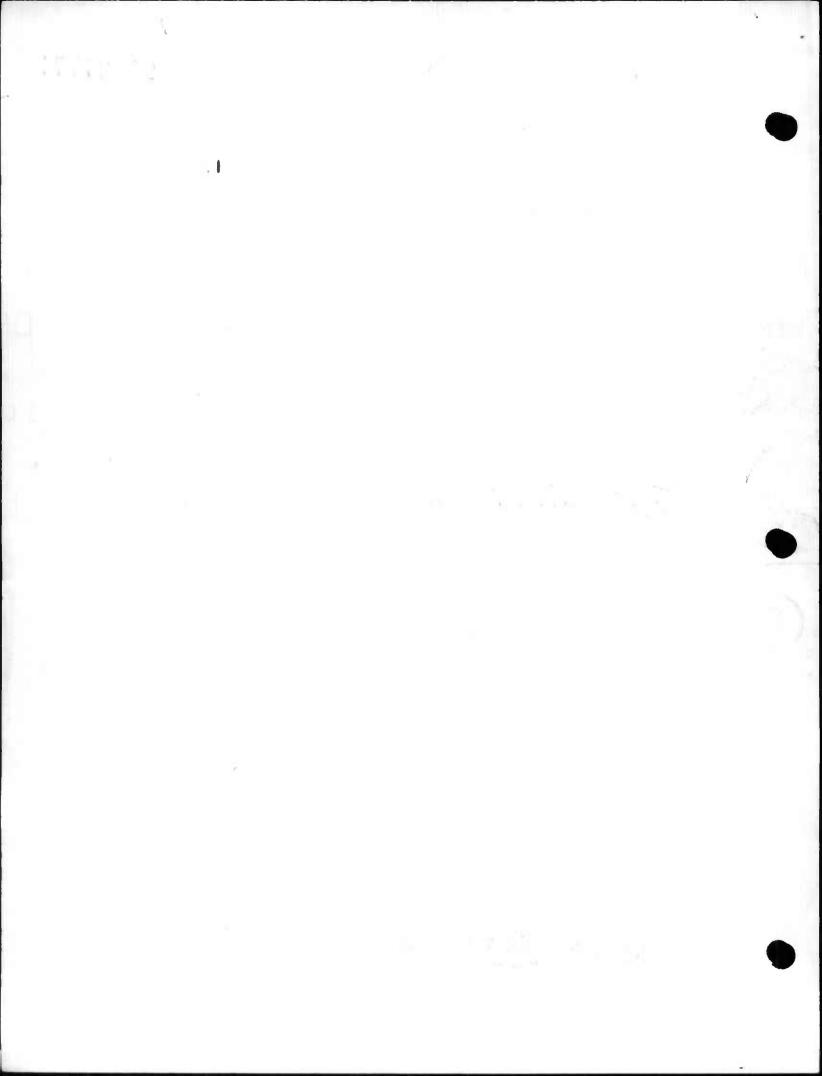


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYI	curs after death. Page 6 may be retained by	filled in by the funeral director, page 5 should b on, or removal.	ne medical examiner must be notified a
3146,	pecuted within 2	to burial, crematic	matic event, th
20 BOX	Ì	Hyglerie Bror	or other traus
DIVISION OF VITAL RECORDS, P.O. POX 3146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The Jaw modules that the meaning the management is a management by	TO THE FUNERAL ORECTOR: After this certificate has been bound by the annual accountment of the field within 72 hours after death with the State Dept. of Health and Mental Houses from the burnet, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shown any Mury, or other traumable event, the medical examiner must be notified a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
IMPKINS.	2. DATE OF DEATH MONTH DAY

	FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTA			MENTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Last)  ELLA F. SI	MPKINS.				2. DATE OF DEATH MONTH DA	4	3. TIME OF DEATH
	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH	,		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.8	BIRTHPLACE (State or Foreign Country) //RG/N/A
TOR	9a. FACILITY NAME (If not institution, give street  HARBOUR  RESIDENCE OF DECEDENT	os PITAL C			TIMON	ATH	Balti	of DEATH Sware City,
DIREC	10a. STATE 10b. COUNTY Md			own or locat				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	626 Cheraton R	ld		101.	21225			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED	if yes, spe		IC ORIGIN? (Specify Yea n, Puerto Rican, atc.) :		RACE — American Indian, Black, White, etc. SpecifyBlack
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of the composition of th	DN poleted) 164 DN poleted) 164 DN poleted) 164 DN poleted) 164 DN poleted) 164	Give kind of work the. Do NOT use n	done during mos	of working	166. KINO OF BUS	Clea	
E COM	17. FATHER'S NAME (First, Middle, Last) Henry Bailey					ME (First, Middle, Malden nna unk	Surname) NOWN	
TO B	19a INFORMANT'S NAME (Type/Print) Arlene Traynham				aton Rd		ore M	d 21225
	20a. METHOD OF DISPOSITION  1 \( \text{N} \) Burlel 2 \( \text{Cremation} \) 3 \( \text{Removal} \) Removal  4 \( \text{Donation} \) 6 \( \text{Other} \) (Specify) \( \text{21. SIGNATURE OF FUNERAL SERVICE LICENS} \)	from State off	ACE OF DISPOSITI	edar H	ill Par	k G1	en Bu	or Town, State rnie, Md
	Milto Tel	Cinta a	r	814		St. N.W	. Was	rectors Inc h DC 20011
N	23. PART I. Enter the disease, or compands, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cerelonu  Due to (or as a co	aseule	er A			ratory arrest,	, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO OR AS A CO	tensie	n?				
BY PHYSICIAN: MEDICAL O	PART II. Other algorificant conditions constraints and le	Augina Lucar	not resulting in	the underlying	ceuse given in ryltn	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
YSICIA	1 🗆 YES 2 🗖 🍇 (O 15	OSPITAL: Inpatiant 2 = ER/Outpatie	int 3 DOA 4	THER:		e Cother (Specify)	rc.	
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Dey, Year)	29b. TIME (INJUR	M 1 🗆	RK? YES 2 NO	26d. DESCRIBE HOW I	and Number or F	
COMPLETED	4 Homicide determined	building, atc. (Specify)		at the time det-	and place, and due	City or Town, State,		
	one) ·2 MEDICAL EXAMINER: O				eath occured at the	time, data and place, ar	nd due to the ca	ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	en, M	1.D.	rine)	29c. LICENSE NUM		► (o)	IGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO ROUGH K. Rec	en, Hark	por H	ospita	I Conte	1, Beel	timo	re.
	31. DATE FILED (Month, Day, Year)	Julia Dandson	Mandalle.					



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for		
RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use		once.
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5 should		otilied
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funeral		m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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permit. Pages 1, 2, 3 should

15	FOR STATE STATE	STATE OF MARYLAN			HEALTH AND N		GIENE G. NO.	90	27772
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DE			TIME OF DEATH
	ALBERT T. THOME		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIE	9 / 9	A BIRTHPLA	7 : 45 A M
	000 00 000	□ M 2 □ F 6 2		MONTHS DAYE		(Month, Day, Year) Co.			dnia .
	9e. FACILITY NAME (If not institution, give etreet				N OR LOCATION OF DE		9c. COL	NTY OF OEAT	н
6	CHURCH HOSPITAL CORPORATION BALTIMORE CITY -								
EC	10e. STATE 10b. COUNTY		10c. CITY	TOWN OR LO	CATION			100	I. INSIDE CITY
DIRECTOR	MD		BAL		CITY				YES 2 NO
FUNERAL	3611 MT. PLEASA	NT AVE			101. ZIP CODE 21224		100	IZEN OF WHA	
	11. MARITAL STATUS 12. 1 Never Married 2 Merried	. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexice ES 2 K NO Specify	n, Puerto Ricen,		Black, W	
BY	3 Widowed 4 🔀 Divorced	a res, dive man on ball		1	ES 2 ES NO Specify			W]	nite
TED	15. OECEDENT'S EDUCATION (Specify only highest grade com	npleted)	(Give kind of w ille. Do NOT use	ork done during	TION most of working	16b. KINO	OF BUSINESS/IN	DUSTRY	
COMPLETED	01	college (1-4 or 5+)	Plu	mber				ılley	Company
	17. FATHER'S NAME (First, Middle, Last)	mb or			18. MOTHER'S NA		Meiden Surname) Barke	~	
BE	William Ray  190. INFORMANT'S NAME (Type/Print)	11101	mpson	ADDRESS (Stra	nt end Number or Rural I				
5	Elsie M. Greaver				leasant				. 21224
	20a-METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 Removal		PLACE OF DISPOS	ITION (Name of	cornetery, crematory or		20c. LOCATION	- City or Town,	State
	4 Donation 5 Donation Donation	Ga	rdens d	_			Baltin	nore,	Maryland
	21. SIGNATURE OF FUNERAL BERVICE LICENS				eph N. Z		Jr. F	'unera	1 Home
	( acrely	annen	7	263	S. Conk	ling S	t. Bal	to. M	id. 21224
	73. PART I. Enter the diseases or com shock, or heart fellure. List			ot enter the	mode of dying, suc	h se cardiac d	r reapiratory a	rreat,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	METAS	TAT	10	CA.				Onset and Desth
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE OF	):	0	\			4
ON	Sequentially list conditions, b	DUE TO (OR AS A C	THA CONSEQUENCE OF	OAT	7 - ( /	) .			
ATI	if sny, leading to immediate cause. Enter UNDERLYING	552 10 (611 767 76	JOHOLOGE OF	,.					į
IFIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	CONSEQUENCE OF	):					
CERTIFICATION	resulting in death) LAST								1
_	PART il. Other significant conditions c	contributing to death but	t not resulting i	n the underl	ring cauaa given in		WAS AN AUTOPSY PERFORMEO?		RE AUTOPSY FINDINGS AILABLE PRIOR TO
DIC							YES 2 NO	CC	MPLETION DF CAUSE DEATH?
ME						_		1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	eck only one)			
SIC		IOSPITAL:	tient 3 DOA	OTHER:	iome 5 🗆 Residence	8 Other (Spe	cify)		
PHYSICIAN: MEDICA	27. MANNER OF DEATH  1 Netural 6 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	INJURY AT WORK?	28d. DEŞÇAIB	E HOW INJURY O	CCURED	
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home form s		YES 2 NO	281 LOCATION	Street end Numb	er or Bural Bou	n Number
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specifi				City or Tow			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER: 0	N: To the best of my knowle							nd menner ee stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIEB.	4			29c LICENSE NU	MBER	29d. D/	TE SIGNED (M	onth, Day, Year)
TO B		COMPLETED CAUSE OF DEA			1017	322	2 1.	10/9	1190

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

100 N.

BROADWAY BALTIMROE

NAZEMI,

DR. ATAOLLAH
31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certified and continued by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending per care commends filled in by the kneral director, page 5 should be detach	be filed withir	IMPORTANT

OCT 1 0 1990

	FOR STATE REGISTRAR	STATE OF MARY					EALTH AND N DEATH		YGIENI EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	DA		EAR .	ME OF DEATH
	GROVER  4. SOCIAL SECURITY NUMBER	B. SEX B. AG		PALI.				10	08		10	9:15 Pm
	217-14-1579		E (In yrs. lesi	YRS.	MONTHS D	AYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day June 2	4,19	07	Country) Mary 1	end
_	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	O NWC	R LOCATION OF DE	ATH		9c. COUNT	Y OF DEATH	
DIRECTOR	LINTON MEMORT RESIDENCE OF DECEDENT	AL HOSPITAL			BALT	TMC	DRE CITY					
E C	10a. STATE 10b. COUNT			10c. CITY	, TOWN OR	LOCATI	ON				10d.	INSIDE CITY LIMITS?
	Maryland Balti	more		Tow:	son							YES 2 NO
FUNERAL	100. STREET AND NUMBER 800 Southerly Roa	d Apt. 1410		-			ZIP CODE 1204			U.S	A.	COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. AR	MED			ENDENT OF HISPAN			or No- 14	. RACE — A	merican Indian, fa, alc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES	Ю			city Cuban, Mexicar 2 0 NO Specify		i, etc.)		Specify:	run, mec.
	15. DECEDENT'S EDU	ICATION	see DE	CEDENT'S	USUAL OCC	IBATIO	A.I	10h MIN	D OF BUIL	INESS/INDUS	White	
	(Specify only highest grade	completed)  College (1-4 or 6+)	(G	ve kind of v Do NOT us	vork done dur	ing mos	it of working	100. KIN	U OF 803	INESS/MDU	SINY	
급	8	College (1-4 or 6+)	В	ay P	ilot			Ex	xon			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER'S NAI	ME (First, Middl	e, Maiden	Sumame)		
BE 0	George B. Tal	.1					Li1	lie R	l. G	rover		
0	19a. INFORMANT'S NAME (Type/Print)						nd Number or Rural F		Olty or Town	, State, Zip C	lode)	
-	Mrs. Alice V. Ta						- #10f.		200 100	CATION — CI	hi az Yawa 6	Mela
	1 Donation 5 Other (Specify)	novel front State	other pli	ice)			tory 10-	9_90				
	21. SIGNATURE OF FUNERAL SERVICE L		OTCCII	FIOU	22. NA	ME AN	DADDRESS OF FACTOWS ON F	CILITY 1	How	o Inc	10, 11	ary rana
	Ernest L./Fe	Ist III					York Rd.					
	23. PART I. Enter the diseases, pr	complications that cause Driver Drive Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver Driver			not enter th	ne mo	de of dying, auci	n aa cardiac	or reapi	ratory arres	st,	Approximate Interval Batween
	IMMEDIATE CAUSE (Final	4,000				_						Onset and Death
	disease or condition resulting in death)	a. DUE TO (OR A				in-	STATIC	CARO	INO	MA		
		DUE TO (OR A	S A CONSE	JUENCE OF	r):						İ	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSE	DUENCE OF	F):						1	
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c										
E	that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSE	DUENCE O	F):							
		d									<u> </u>	
AL	PART II. Other algolificant condition	na contributing to deat	h but not i	eaulting	In the unde	erlying	ceuse given in	Part I. 24	PERFOR	AUTOPSY IMED?		LABLE PRIOR TO
								_   11	YES 2	MO		RPLETION OF CAUSE DEATH?
MEDIC								_			1 [	YES 2 THO
AN	25. WAS CASE REFERRED TO MEDICAL	1			-	26: PI	ACE OF DEATH (Ch	ack only one)			J	
<u>o</u>	EXAMINER?	HOSPITAL:	Outpatient 3	□ DOA	OTHER:		e 5 🗆 Residence		nan/h/l			
(0		1.0	RY	26b. TIM	E OF 2	6c. INJ	URY AT			NJURY OCCL	IRED	
HYS	27. MANNER OF DEATH	26s. DATE OF INJUI		F IN-	JURY		RK7					
Y PHYSICIAN:	27. MANNER OF DEATH  1 Matural 6 Pending	(Month, Day, Yea	ir)	177	М	1 🗆 1	ES 2 NO					
В	27. MANNER OF DEATH  1 Natural 6 Pending	(Month, Day, Yea	URY — Al ho	- 17	streel, factor			26f. LOCATIO	ON (Street in State)	and Number o	r Rural Route	Number,
В	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	(Month, Day, Yea 28a. PLACE OF INJI building, atc. (3	URY — At ho Specify)	ome, farm,		y, office		City or To	own, State)			Number,
В	27. MANNER OF DEATH  1 Nitural 6 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	(Month, Day, Yea	URY — Al ho Specify)	ome, farm,	ed at the Ilm	y, office	and place, and dua	City or R	s) and mai	nner as stated	d.	
COMPLETED BY	27. MANNER OF DEATH  1 Nitural 6 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only	(Month, Day, Yes 28a. PLACE OF INJI building, atc. (3 SICIAN: To the best of my ku IER: On the basis of axamin.	URY — Al ho Specify)	ome, farm,	ed at the Ilm	y, office	and place, and dua	to the cause(stime, date and	s) and mai	nner as states	d. cause(s) sno	
В	27. MANNER OF DEATH  1	26a. PLACE OF INJ building, atc. (3 SICIAN: To the best of my ki	URY — Al ho Specify)	ome, farm,	ed at the Ilm	y, office	and place, and dua	to the cause(stime, date and	s) and mai	nner as stated of due to the 29d. DATE	d. cause(s) sno	I manner as stated.

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Stuart 7.
31. DATE FILED (Month, Day, Year)

OCT 1 0 1990

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The death part	of the attending physic	d Mental Hydroge	injury, or other t
s that the death part of	ned by the attending phys	aff and Mental Hydra ag	s any injury, or other t
monimum that the death pertion	een signed by the attending phys	of Health and Mental Hyghesia	shows any injury, or other t
he law requires that the death perturn	has been signed by the attending phys	e Dept. of Health and Mental Hydrone	m 23 shows any injury, or other t
JAN: The law empires that the death per a	trificate has been signed by the attending phys	te State Dept. of Health and Mental Hydines	or Hern 23 shows any injury, or other t
PHYSICIAN: The law requires that the death pertuin	this certificate has been signed by the attending phys	with the State Dept. of Health and Mental Hyghesia	ked, or item 23 shows any injury, or other t
DING PHYSICIAN. The law requires that the death century	After this certificate has been signed by the attending phys	death with the State Dept. of Health and Mantal Hydrings	s marked, or item 23 shows any injury, or other t
ATTENDING PHYSICIAN: The law requires that the death century	CTOR: After this certificate has been signed by the attending phys	S after death with the State Dept. of Health and Mental Hyghesis	1 28 Is marked, or item 23 shows any injury, or other t
IL OR ATTENDING PHYSICIAN: The law requires that the dearth century	L DIRECTOR: After this certificate has been signed by the attending physic	2 hours after death with the State Dept. of Health and Mental Hydronia	f Item 28 is marked, or item 23 shows any injury, or other t
OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death perticular	UNERAL DIRECTOR: After this certificate has been signed by the attending physi-	ithin 72 hours after death with the State Dept. of Health and Mental Hydronia	ANT. If Item 28 is marked, or item 23 shows any injury, or other i
TO THE HOSPITAL OR ATTENDING PRESIDAN. The law requires that the desirection of extends within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this centracate has been signed by the amendage projection and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. or Health and Marrial Hydrogen to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or lisen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1									90		2777	4
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					GIENE 3. NO.				3-
	1. OECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DE	ATH DAY	YEA	3.	TIME OF DEAT	Н
	Samuel TABACHNI	CK					October		199		6:00	Ам
	4. SOCIAL SECURITY NUMBER	1112	yrs. lest birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH Year)	8. BI	RTHPL	ACE (State or Fo	reign
	120 32 0348	1 X M 2 - F 8	4 YRS.	MONTHS	DAYS P	OUNAL MIN.	Jan. 10	,1906	Ru	ISS	ia	
	9a. FACILITY NAME (If not institution, give str	set and number)		9b. CITY, TO	OWN OR I	LOCATION OF D	EATH	9c.	COUNTY	F OEAT	тн	
OR	AMT DRS HOSPITAL	OF P.G. COUNT	Y	Lanh	am				Princ	e G	eorge	
DIRECTOR	RESIDENCE OF DECEDENT  10a STATE 10b COUNTY			Y, TOWN OR	LOCATION	N				-	Dd. INSIDE CITY	
I I	Maryland Princ	e George's		Bowie							LIMITS?	
	10e. STREET AND NUMBER					IP CODE		104	g. CITIZEN (	DF WHA	AT COUNTRY?	
RA	13303 Katrinka Dri	ve				20720		10	Inited	1 St	tates a	and
FUNERAL	11. MARITAL STATUS	t2. WAS DECEDENT EVER IN U	J.S. ARMED	13. WA	S DECEN	DENT OF HISPA	NIC ORIGIN? (Spe		srae	RACE -	- American India	en,
	1 Never Married 2 KM arried	FORCES? 1 TYES IF YES, GIVE WAR OR DATE	ES NO			V Cuben, Mexico	en, Puerto Rican, e fy:	etc.)	1	Black, V Specify:	White, etc.	
ВУ	3 Widowed 4 Divorced				_	Λ.					Whit	:e
Ë	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 1 completed)	(Give kind of	work done dur	CUPATION ring most of	of working	16b. KIND	OF BUSINES	SS/INDUSTF	₹Y		
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Merch				Te	xtile				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	4 years					AME (First, Middle,					
					1		ertaina		ame)			
BE	Jacob Tabachnick  19e, INFORMANT'S NAME (Type/Print)		19h MAH ING	ADDRESS /	Street and		Route Number, City		ete Zin Code	-1	_	
9	Iris Wolf		- Table (Ventile)				Bowie.				0720	
	300 METHOD OF DISPOSITION	20b. f	PLACE OF DISPO	SITION (Name	e of cemen	ery, cremetory or					New Yor	·k
	20e METHOD OF DISPOSITION  AD Buriel 2 Cremetion 3 Removal trom State  4 Donetton 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  New Montefiore Cemetery						-				ng Isla	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NA	AME AND	ADDRESS OF F	N HEBRE	TT MEET	ODTAI	777	INEDAT	HOME
	+ Douald M	· Stoires		233	NALD	M.SILI	IN HEBRE	W MEM	IUKLAI	ı Fl	JNERAL	HOME
	23. PART I. Enter the diseases, or c		the death. Do							.NG.	Approxim	
	ahock, or heart fellure. I	Liet only one ceuse on eac							,		Interval B	etween
	IMMEDIATE CAUSE (Final disease or condition	Preumo	onto								/ \	. K
	resulting in death)	DUE TO (OR AS A C	CONSEQUENCE	P):		N.					1 00	/
eZ		Lmpair DUE TO (OB AS A C Cerebro	ed G	99	Re	t/ex					2 m	05
ERTIFICATION	Sequentially list conditions, if any, lasding to immediate	DUE TO (OB AS A C	CONSEQUENCE (	7:	1	11						
S	CAUSE (Disease or Injury				cci	deat					2 00	105
F	that initieted events reaulting in dasth) LAST	OUE TO (OR AS A C	CONSEQUENCE (	OF):								
CER		Í									1	
-	PART II. Other significant condition	s contributing to deeth bu	t not resulting	In the und	erlying	cauaa given ir		WAS AN AUT			VERE AUTOPSY F	
MEDICAL				_				YES 2		C	OMPLETION OF	
AEC											YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTUED.		CE OF DEATH (C	heck only one)					
YSI	1 🗆 YES 2 🗀 MÓ	1 Inpetient 2 ER/Outper	tient 3 🗆 DOA	OTHER:		5 - Residence	6 Other (Spec	offy)				
PH	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Ybar)	28b. TI	JURY	WOR	(7	28d. OESCRIBE	HOW INJU	RY OCCURE	0		
BY	2 Accident Investigation	200 BLACE OF MURION	44 hama 4am	M .	1 TYE	S 2 NO	new I OCATION	(Obsert and	Mumbu as D	hand On	de Marchae	
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specif		elivet, tector	y, office		28t. LOCATION City or Tow		redmoer or H	uner PIOL	ute Number,	
E	29a. CERTIFIER											
COMPLET	(Check only	CIAN: To the best of my knowle R: On the basis of exemination								1100/a)	and manner co	nt start
8	Λ		end/or investigat	rort, in my opi				-				
Щ	29b, SIGNATURE AND TURE OF CERTIFIER	1 01	2		1	29c. LICENSE NO	JMBER	29	d. DATE SK	INED (A	Month, Day, Year)	)

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can an completely filled in by the funeral director, page 5 should be detached for us		23 shows any injury, or gither traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	E OF MARYL	AND / DEPAR CERTIF	TMENT	OF H	EALTH DEAT	AND N	<b>NENT</b>	AL HYGIENE REG. NO.	90	) 2	7775
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH		3.	TIME OF DEATH
1	ANNA TRADER M.							MOI	ORED 05	1990	2 :	53 a.ma M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (	In yrs, lest birthday)	IF UNDER		IF UNDER		7. DAT	E OF BIRTH	0.	BIRTHPLA	CE (State or Foreign
	212-16-7556 1 M		YRS.	MONTHS Sh CITY	DAYS TOWN O	HOURS	MIN.		2-28-1	919 V		
5	THE JOHNS HOPKINS H					RE C		AITI		BALTIN		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY		10c CIT	Y, TOWN C			111				104	1. INSIDE CITY
				ltim								LIMITS?  YES 2 K NO
וה	Md • • • • • • • • • • • • • • • • • • •		Da.	T OTIII		ZIP CODE			T	10g. CITIZEN	_	
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N N	413 N. Luzerne 11. MARITAL STATUS 12. WAS	DECEDENT EVER II	NIIS ARMED	13	WAS DEC			IIC OBII	GIN? (Specify Yes			American Indian,
	1 FT News Married 2 Married FOR	CES? 1 YES	2 NO		If yes, spe	cify Cubs	n, Maxica	n, Puerl	o Rican, etc.)	14.	Bleck, W	hita, etc.
2	3 Widowed 4 Divorced	ES, GIVE WAR OR D	AIE3-2 E		1   155	2 📉 NO	Specify				Specify:	White
3	15. OECEOENT'S EDUCATION		16a. OECEDENT'S (Give kind of					1	6b. KIND OF BUS	NESS/INDUS	TRY	
4	(Specify only highest grade completed Elementary/Secondary (0-12) College	(1-4 or 5+)	life. Do NOT u	se retired.)	during mos	n or workin	¥	- 1				
<u> </u>	Unknown		Hor	nema	ker				Hom	е		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								t, Middle, Maiden S		0+4	
BE	Thomas J. Trader					Gré	arne	3 6 6	Estel	те не	oun	
5	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING						umber, City or Town			
7	Mr. Lawrence Ludw		41					ve	Balt			
	20s. METHOD OF OISPOSITION 1 ◯ Burial 2 □ Cremation 3 □ Ramoval from	Stata 201	other place)							ATION — City		
	4 Donation 5 Other (Specify)		Holly	Hil	ls	Ceme	eter	W.T.	В	alto.	. IVI	d.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			TH	far t	ley	ME	Te	r Fune	ral H	ome	
	C. Tangath & C.	لعما		7	527	Hai	rfor	rd	Rd. Ba	lto.,	Md	. 21234
	23. PART I. Enter the diseases, or complice ahock, or heart failure. List only			not antai	tha mo	da of dy	ing, auc	h ss c	erdisc or respin	etory srreat	l,	Approximate Interval Between
	IMMEDIATE CAUSE (Final	Ona Cause On a	iauti iiiia.									Onset and Death
	disease or condition reaulting in death)	DUE TO (OR AS	1C Ac	SQN	513							30 ah
				F):								- 1
Z	Sequentially list conditions,	(PO 7EN	A CONSEQUENCE O	NE).								2:00 Jour
Ē	If any, leading to immediate cause. Enter UNDERLYING	1500 JOS			NA							5.00 how
RTIFICATION	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE C	PF):	011							
H	resulting in death) LAST	Mero:	sclas	518	>							10 Jeans
S	DART II Other plantiles at conditions contain	fruiting to doubt 1	hud ned socialisms	In the co	mel mel situa		whee le	Dord I	T 040 MMC 444	ALITODOV	T 0.45 W	TOT ALTTOREY ENDINGS
Ä	PART II. Other algnificant conditions contri	buting to destn t	out not resulting	in tha u	noariyin	g causa s	given in	Part I	24a. WAS AN PERFOR		AM	ERE AUTOPSY FINDINGS AILABLE PRIOR TO OMPLETION OF CAUSE
MEDIC									1 TYES 2	NO		DEATH?
				<u> </u>				-			11	YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL				00 P	405.05.0	F AT11 (C)		1			
PHYSICIAN:	EXAMINER? HOSP	TAL:	method 2 DOA	OTHE	R:	ACE OF D	-					
<u> </u>		a. DATE OF INJURY	26b. Til	1		URY AT	ESIGENCE	v	ther (Specify) DESCRIBE HOW II	JURY OCCUI	RED	
	1 Natural 5 Pending	(Month, Day, Year)		JURY M	WC	PRK7 YES 2 [	NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	e. PLACE OF INJUR		street, fac	tory, offic	•			OCATION (Street a	nd Number or	Rural Rout	te Number,
I	4 Homicide detarmined	building, atc. (Spe	эсну)					l '	City or Town, State)			
Ę	29a. CERTIFIER (Check only	the beat of my know	wledge, death occur	red at the	tima, data	and place	, and du	to the	cause(s) and man	ner as ateled.		
COMPLETED	one) 2 MEDICAL EXAMINER: On the											nd manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						ENSE NU			29d. DATE S	IGNED (M	onth, Day, Year)
BE	AW					6	SVE	SIN	~	▶ 1C	75	(90)
5	30. NAME AND ADDRESS OF PERSON WHO COMPI											
	B'BRUDH DO	HNS H	2 YISYAD,	40	58KT	NA	6	50	12,000	APQ!	BayH	ynous mo
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIG	NATURE									
	OCITA 1990 3	11 11 11 (d) 01/-	-Mandell									
	- A											DHMH-16 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146	Gurs after death. Page 6 may be minimed by the hospital if in by the funeral director, page 5 should be detached to removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mounts after death. Page 6 may he minemed by the hospital physician and completely filled in by the funeral director, page 5 should be detached for use as the burned fine to the burned fine to the burned fine to the burned fine to the filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notflied at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIN TO THE FUNERAL DIRECTOR: After this cobe filed within 72 hours after death with 1	IMPORTANT: If Item 28 is marked

	REGISTRAR		CERTIF	CAIL	JE DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	my Wa	aner.			2. DATE OF DEATH MONTH DA	- / / /	3. TIME OF DEATH 03 ; 40 M
	4. SOCIAL SECURITY NUMBER 5. S 7/4-80-832/1)		n yrs. last birthday)	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. YB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8 1.8	RTHPLACE (State or Foreign unitry)
JR	Se. FACILITY NAME (If not institution, give street a ST Agnes 4050)	nd number)		Bal	WN OR LOCATION OF D		9c. COUNTY O	F DEATH
5	RESIDENCE OF DECEDENT							
FUNERAL DIRECTOR	10a, STATE 10b, COUNTY		Ba	( TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?  1 YES 2 NO
ERAL	829 Seagull	Aue			101. ZIP CODE 2/2	25	10g. CITIZEN C	F WHAT COUNTRY?
BY FUN	1 V Never Married 2 Married	WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, OIVE WAR OR DA	2 (NO	If ye	DECENDENT OF HISPA a, specify Cuban, Mexic YES 2 NO Speci			ACE — American Indian, ilack, White, atc.
	15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N leted)	18a. DECEDENT'S	USUAL OCCU	PATION og most of working	186. KIND OF BUS	SINESS/INDUSTR	Y
COMPLETED		ilege (1-4 or 5+)	me. Do nor us	e reaed.)				
BE CO	17. FATHER'S NAME (First, Middle, Last) Charles A. Well	wes			18. MOTHER'S N.	AME (First, Middle, Melden	Surname)	
TO E	190. INFORMANT'S NAME (Type/Print) Thema Weave	1	19b. MAILINO	ADDRESS (SI	Clasnia	Aue Ast	n, State, Zip Code	1to rd 2/20to
	20a, METHOD OF DISPOSITION  1 Burial 2 Cremellon 3 Removal	from State	PLACE OF DISPOS	ester	of comotory, cremetory or	en Car	CATION - City o	e, Hd
	21. SIONATURE OF FUNERAL SERVICE LICENSE	Marc	L	22. MAN	AE AND ADDRESS OF F	ACILITY HILL	gT No	
	23. PART I. Enter the diseases, or comp			not enter the	meda of dying, su	ch as cardiac or reap	iratory arrest,	Approximate
	shock, or heart feliure. Liet  IMMEDIATE CAUSE (Final disease or condition resulting in death) a	0 1	CAMIA					Interval Between Onset and Death  X 2 W44/42.
Z	Sequentially list conditions,	Inmun	odchici	ancy	/ Malno	urishmen	4.	
CATIC	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Mutos	La GC	Neop	Constic o	lisease.		
CERTIFICATION	that initiated events resulting in death) LAST	TUR /	nivel	Co	LON Ca.	near.		
EDICAL C	PART II. Other aignificent conditions co	intributing to death b	ut not resulting	In the unde	riying ceuse given ii	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
Σ				_			.д(по	OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	Check only one)		
Sic		SPITAL:	patient 3 🗆 DOA	OTHER:	Home 5 - Realdance	8 Other (Specify)		
/ PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY	c. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCURE	D
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spe	/ — Al home, farm, city)	atreet, factory	, office	281. LOCATION (Street City or Town, State	and Number of R	ural Route Number,
COMPLET	(Check only )					us to the cause(s) and me		use(a) and manner as stated.
8	100	II IV-0 Desig Of SASHMISHO	in and/or investigation	on, in my opin	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			Section of the section
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1	OCT 1 0 1990	Julia Buydo	TATURE ON MANAGER					
		A PERSON.						DHMH-18 Rev 1/89

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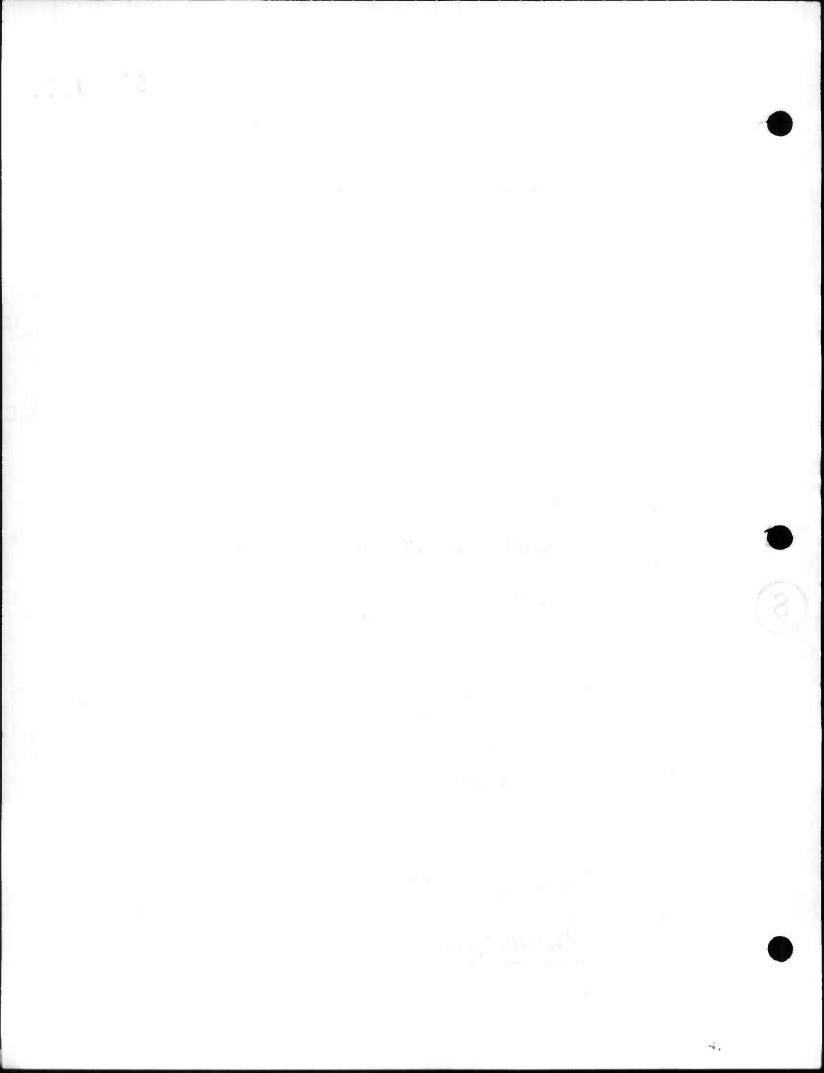
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death concern be early	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bu	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumati
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATH		MEN
ECEDENT'S NAME (First, Middle, Last)			2.
Bernard J.	Wallace	<b>1</b> 1	

90 27777

1. DECEDENT'S NAME (First, Middle, Last)  Bernard J. Wallace  2. DATE OF DEATH NOWTH 10-05-	
Bernard J. Wallace	DAY YEAR 3. TIME OF DEATH
	90   11:39 am
4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in yrs. leet birthday)  15 UNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH (Morth, Day, best)  7. DATE OF BIRTH (Morth, Day, best)  7. DATE OF BIRTH (Morth, Day, best)  7. DATE OF BIRTH (Morth, Day, best)  7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country)
	THOU VIOLET
99. FACILITY NAME (If not institution, give street and number)  St. Joseph Hospital  Baltimore County	9c. COUNTY OF DEĂTH Baltimore
St. Joseph Hospital Baltimore County	Baltimore
100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION  Baltimore Baylty HOOTS Dayly 110	10d. INSIDE CITY LIMITS?
Baltimore SAKKKANOWA Parkville	1 T YES 2 NO
St. Joseph Hospital  RESIDENCE OF DECEDENT  100. STATE  101. STATE  102. COUNTY  Baltimore  103. STREET AND NUMBER  8823 Wilson Avenue  104. STREET AND NUMBER  8823 Wilson Avenue  105. STREET AND NUMBER  106. STREET AND NUMBER  107. ZIP CODE  21234  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify or the specify Cuben, Mexican, Puerto Ricen, etc.)  15. Was Decembert of Hispanic Origin? (Specify or the specify Cuben, Mexican, Puerto Ricen, etc.)	10g. CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify V	
1 Never Merried 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexican, Puerto Ricen, etc.) 3 Widowed 4 Divorced   If yes, Specify:	Specify: White
	SUSINESS/INDUSTRY
(Specify only highest grade completed)  (Specify only highest grade completed)  (Specify only highest grade completed)  (Specify only highest grade completed)  (Specify only highest grade completed)	SUSINESS/INDUSTRY
Elementary/Secondary (0-12) College (1-4 or 5+)  Box Maker	Oles EnvelopeCo.
17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde, Melde	
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) 8  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  BOX Maker  17. FATHER'S NAME (First, Middle, Last)  Bernard J. Wallace  Lillian Clayt	ton
198. INFORMANTS NAME (Typerrim) 198. MAILING ADDRESS (Street end Number of Hural House Number, City of Re	
Mr. bernard R. Wallace   1/28 Belt Street Baltimore	Maryland 21230
1 Burial 2 Cremation 3 Removal from State	LOCATION — City or Town, State
4 Doneston 6 Other (Specify)  Parkwood Cemetery 10/10/90  21. SIGNATURE OF FUMENAL SERVICE LICENSEE	Baltimore Maryland
21. SIGNATURE OF POLICITY	
Leonard J. Ruck, Inc. 5305	
23. PART I. Enter the diseases of complications that caused the death. Do not anter the mode of dying, such as cardiac or real shock, or heart felibre. List only one cause on each line.	apiratory arrest, Approximata interval Between
23. PART I. Enter the diseases of complications that caused the death. Do not anter the mode of dying, such as cardiac or real shock, or heart felibre. List only one cause on each line.	apiratory arrest, Approximata interval Between
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23. PART I. Enter the diseases of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reached above, or heart felibre. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE	AN AUTOPSY OCCURED  AN AUTOPSY 1 NO COURED  AN AUTOPSY 1 NO COMPLETION OF CAUSE OF DEATH?  AND THE AUTOPSY 1 NO COMPLETION OF CAUSE OF DEATH?  AND THE AUTOPSY 1 NO COMPLETION OF CAUSE OF DEATH?
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HI O	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene	IMPORTANT; If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 10 08 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH THOMAS JOHN WOLF, SR. 6:58 P.M.M 90 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 10 08 YRS. 219-66-9414 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE MARYLAND 1 🔀 YES 2 🗌 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21211 USA 1319 MORLING AVENUE 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 TO NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yee, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5+) 8TH PLUMBERS HELPER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) CAROLYN TRACY JAY BRIAN WOLF BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1319 MORLING AVENUE, BALTO., MD. 21211 DIANNE L. CORNELIUS 20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 1 Buriel 2 Commetten 3 Ramoval from State
4 Donation 5 Other (Specify) GREEN MOUNT CEMETERY BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211 Enter the diseases, or complications that caused the deeth. Do not sater the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximats terval Bety Onset and Death IMMEDIATE CAUSE (Final disease Dr condition ARREST ARDIAC resulting in death) DUE TO (OR AS A CONSEQUENCE OF). WEARCTION SIP MYOCARDIA CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata e. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in deeth) LAST PART II, Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES ZYNO DF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 X DOA ig Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 1 YES 2 NO BY Investigation Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTRIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE MA D33475 10/190 2 30. NAME AND ADDRESS OF PERSON LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2724 N EHARLE

32. REGISTRAR'S SIGNATURE who Davidson-Asnow 42

**DHMH-18 Rev 1/89** 

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responsible

DIVISION OF VITAL RECORDS, P.O.

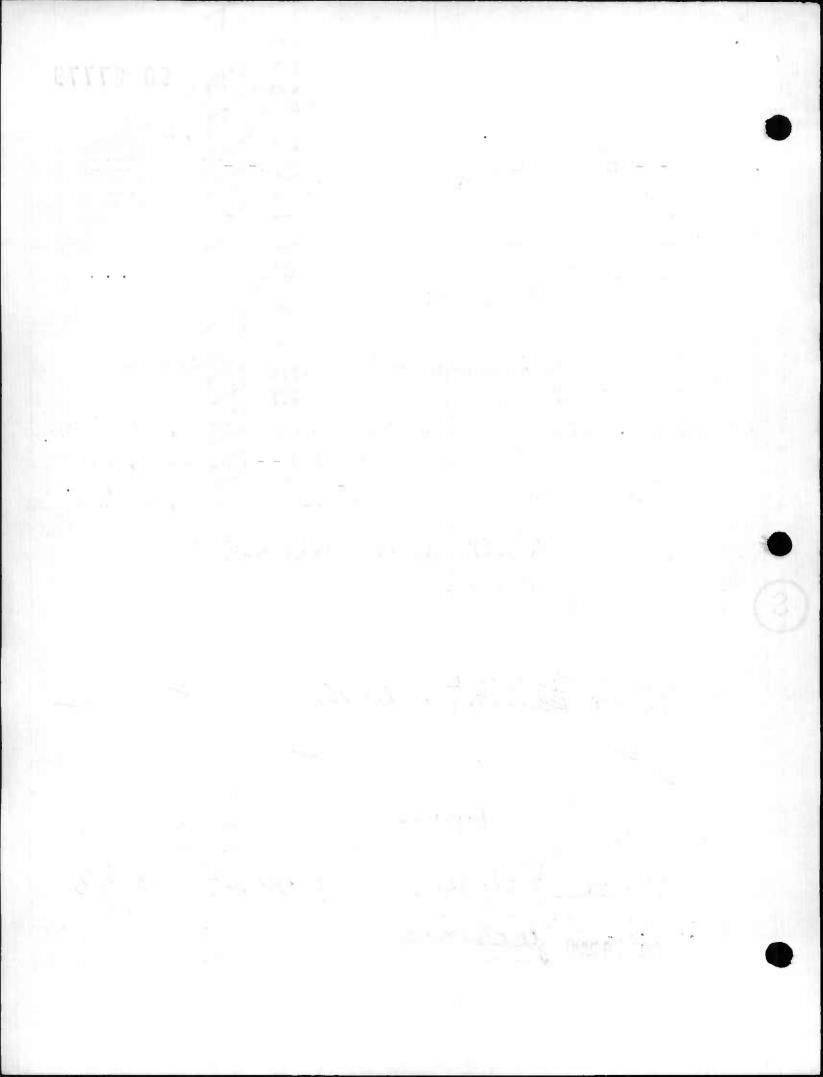
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending pages. If a smooth of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumfalls deem, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	HELEN	Z. WOZNI	ΔK					2. DATE OF DEATH	1 1 g	90	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	1 24 HRS.	7. DATE OF BIRTH		a BIDT	HPLACE (State or Foreign	
	216-03-5811		1 🗆 M 2 💢 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Morith, Dey, Year) 3-24-1910		Count	RYLAND	
	9a. FACILITY NAME (If not in	stitution, give a	street and number)			9b. CITY,	TOWN	OR LOCATI	ON OF DE			UNTY OF E		
DIRECTOR	1627 LYNCH						DL	INDAL	K			BAL	BALTIMORE	
Ä	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	ATION					10d. INSIDE CITY LIMITS?	
<u>a</u>	MARYLAND	BA	LTIMORE				1	DUNDA	LK				1 TES 2XXNO	
¥	10e. STREET AND NUMBER						10	DI. ZIP COD			10g. CI	TIZEN OF	WHAT COUNTRY?	
9	1627 LYNCH	ROAD							212			и	.S.A.	
FUNERAL	11. MARITAL STATUS  1 Never Married 2		FORCES?	NT EVER IN U.S. AR 1 YES 2 XX WAR OR DATES	MED NO	1	yes, s	CENDENT ( pocify Cubi S 2 XNO	ın, Mexica	VIC ORIGIN? (Specify Yer in, Puerto Rican, etc.)	s or No—	14. RAC Blec Spec	E — American Indian, ik, White, etc.	
B	3 X Wildowed 4 Dive	becare	1					2 1/0/10	Opeon			-	WHITE	
COMPLETED	15. DEC (Specify on	EDENT'S EDU	CATION completed)	/G	ive kind of	USUAL OC	CUPAT	ION rost of world	na	16b, KIND OF BU	SINESS/IN	DUSTRY		
9	Elementary/Secondary (		College (1-4 or 5	+)	. Do NOT u	se retired.)								
₽ P	12TH GRADE  17. FATHER'S NAME (FIRST, N		N/A		ECRE	IAKY		10000		WESTER		.ECTR	10	
	FLORIAN ZOI		V					4.00		ME (First, Middle, Meiden EHNER	Surname)			
H	19a, INFORMANT'S NAME (		У	19	b. MAILING	ADDRESS	(Street			ETINEK Route Number, City or Tox	m State 7	in Codel		
2	EDWARD F. U		K					RIVE					LAND 21219	
	20a. METHOD OF DISPOSIT 1 Duriel 2 Crematic 4 Donation 6 Other	TON on 3 - Rem	novel from State	20b. PLACE other pl	lece)				COLLEGE ST	20c. LC	CATION -	- City or T	own, State	
	4 ☐ Donation 6 ☐ Other  21. SIGNATURE OF FUNERA			- IHOLY	ROSA	RY CE	MET.	ERY	10-	8-1990 BA	LTIM	ORE.	MARYLAND	
			Come	20		DI	DA-	-RUCK	FUN	ERAL HOME	OF D	UNDA		
	23. PART I. Enter the d									NUE DUNDA			21222	
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
MEDICAL	Ca of Bleast 13 1 That a 1 YES 2 DINO OF								D. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1 NO					
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:				_	PLACE OF !	DEATH (Ch	eck only one)				
rsic	1 TES 2 NO			☐ ER/Outpetient 3	DOA	OTHER 4 Num		me 5 DA	relidence	6 C Other (Specify)				
ВУ РН		Pending investigation	28a. DATE O (Month,	FINJURY Day, Year)	26b. TIR	NE OF JURY M	W	JURY AT YORK? YES 2	_ NO	28d. DESCRIBE HOW	INJURY O	CCURED		
G	2 Accident 3 Suicide 6 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At he	0	street, fact	ory, off	lce		281. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,	
COMPLET	onel -	THE PART LAND								to the cause(s) and me			(a) and manner as stated.	
BE	296. SIGNATURE AND TITU			Dody	,				ENSE NU			TE SIGNE		
5	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	M 27) (Type	s, Print)		11)		101		7	710	
	31. DATE FILED (Month, Day,		In greater	AR'S SIGNAT WEST	1,00									
	OCT 10	1990	guna in	Massic Almi										



the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be build, contration, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death completely filled in by the funeral director, page 5 should be detached to THE FUNERAL DIRECTOR: After this certificate has been signed by the attended to be made in the following the following after death with the State Dept. of Health and Mental Hospital Committee, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transmittee event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O.

R. Donald Jandorf, M.D.

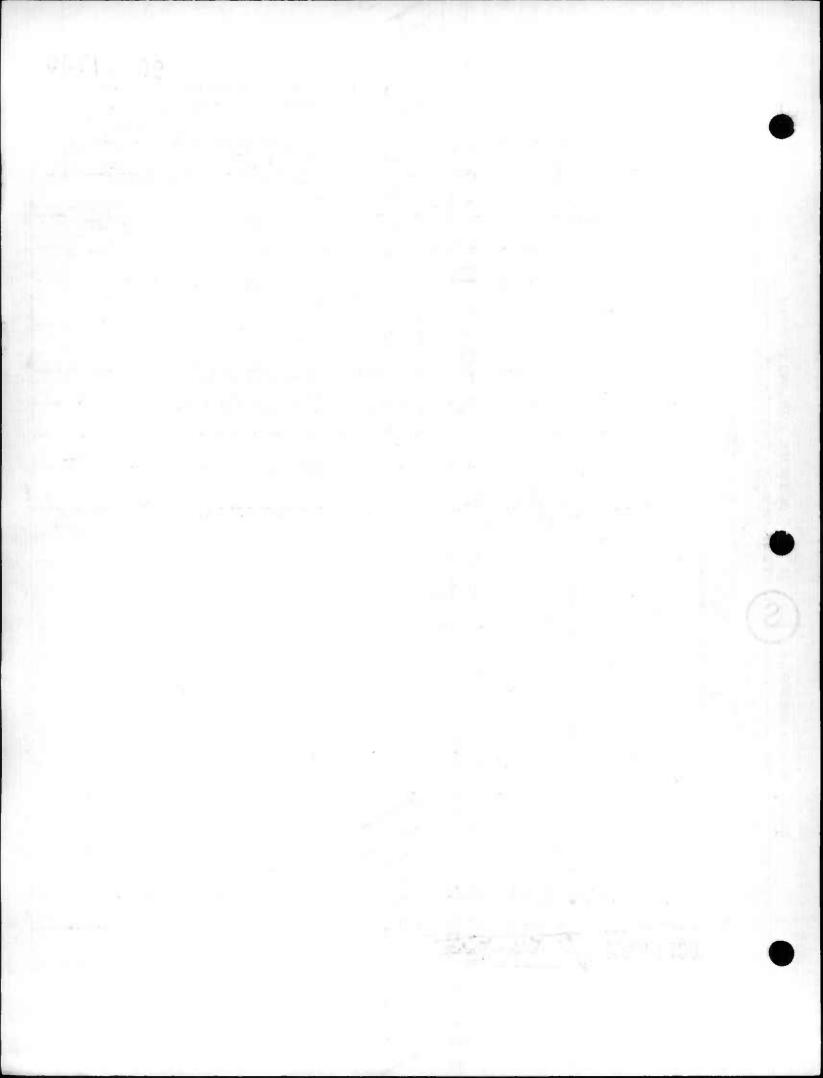
31. DATE FILED (MONTH, Buy, Hear)
OCT 1 0 1990

7403 Harford Road

andson-Amdall

1									9	0 3	27780
	FOR STATE REGISTRAR	STATE OF M	IARYLAND / DEF CERT	ARTMEN IFICAT	T OF H	TEALTH AND DEATH	MENTA	L HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF OEATH	DAY	YEAR 3.	TIME OF DEATH
	THELMA E.	WILLIA	AMS					ober 6		111111	6:00 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birtho		R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ICE (State or Foreign
	212-10-9504	1 🗆 M 2 🗘 F	81 YR	S. MONTHS	DAYS	HOURS MIN.	Oct.	th, Day, Year)	908	Country) May	vland
	9s. FACILITY NAME (If not institution, give s	treet and number)	01	9b. CIT	Y, TOWN	OR LOCATION OF C		ω,		TY OF OEAT	
TOR	3043 Fleetwood Aven	ue			Balti	imore City					
FUNERAL DIRECTOR	10s. STATE 10b. COUNT		10c.	CITY, TOWN							d. INSIDE CITY LIMITS?
9	Maryland 100. STREET AND NUMBER			Bá	utim	ne City			40 - 00777		YES 2 NO
A I	THE PERSON NAMED IN				10				10g. C/112		COUNTRY?
밀	3043 Fleetwood Aven					21214				USA	
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	13	If yes, sp	CENDENT OF HISPA Healty Cuben, Mexic 3 2 X NO Speci	an, Puerto			14. RACE — Bleck, W Specify: White	American Indian, hits, etc.
8	15. DECEDENT'S EDU		16a. OECEDE	IT'S USUAL	OCCUPATI	ON	16	b, KIND OF	BUSINESS/INDU	JSTRY	
4	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +	(Give kind	of work done of use retired.	during me	out of working					
COMPLETED	12		Secre	tarv				Travel	er's Aid	1	
8	17. FATHER'S NAME (First, Middle, Last)		1 00010	VAI I		18, MOTHER'S N	AME (First,				
	William E. Chenowet	h				Frances	Came	mn			
BE	19a, INFORMANT'S NAME (Type/Print)		19b, MAI	LING ADDRES	SS (Street	and Number or Rural			Town, State, Zio	Code)	
2	Mr. William G. Willi	ame .The							arvland		
	20s. METHOO OF DISPOSITION	uis, or .				metery, cremetory or			FOCATION C		State
	1 Burisi 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)								
	21, SIGNATURE OF FUNERAL SERVICE LIN	CENSEE A	- IGreenmount			ND ADDRESS OF F	ACILITY		Baltimor	e Mary	Tand
	Mr.	OVA	4	5.0							
	Monor	2100	ces	Le	onarc	J. Ruck.	Inc.	5305 H	larford F	Road 21	214
	23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the death.	Do not ente	r the me	ode of dying, su	ch aa ca	rdiac or re	apiratory arre	eat,	Approximate
	IMMEDIATE CAUSE (Final	Liet only ona cau	ise on each line.								Interval Between Onset and Death
	disease or condition	Conn	Ans cates	, de	2000						
	resulting in death)	DUE TO	OR AS A CONSEQUENCE	E OF):		*Name					
2	Total State of		rosclerosi								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEDUENC	E OF):							
A	cause. Enter UNDERLYING										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQUENC	E OF):							
H	resulting in death) LAST	4									
8		u									
A	PART II. Other significant condition	s contributing to	death but not result	ing in the u	ınderiyir	ig cause given l	n Part I.		AN AUTOPSY FORMED?		ERE AUTOPSY FINDINGS
8	- Corpseise A	anda						1 TYES	2 NO		MPLETION OF CAUSE DEATH?
i i								1	,	1	YES 2 NO
PHYSICIAN: MEDICAL											
¥	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEATH (C	check only o	one)			
Sic	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 D	OTH		ne 5 (PResidence	6 D 0#	er (Snerify)			
Ϋ́	27. MANNER OF DEATH	28a. DATE OF	INJURY 28b	TIME OF	28c. IN	JURY AT	_		W INJURY OCC	UREO	
	1 🔣 Natural 5 🔲 Pending	(Month, D	Nay, Ybar)	INJURY	W	ORK? YES 2 ND					
ВУ	2 Accident Investigation	28e, PLACE C	F INJURY — At home, fa	rm. street. fa			281 1.0	CATION /Sm	set and Number	or Burel Bour	a Mumber
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	,, 10	,, •///		Cit	y or Town, St	afo)		
E	29a. CERTIFIER				-		_				
AP.	(Check only										
ő	2 MEDICAL EXAMIN	ER: On the basis of e	xemination and/or invest	igation, in my	opinion,	deeth occured at th	e time, de	te and place	, and due to the	o cause(a) a	nd manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE		1. 1			29c, LICENSE N			29d. DATE	SIGNEO (M	onth, Day, Year)
0	Monald &	anderf	M.D			DO:	582	.0	► E	0-8-0	70
임	30. NAME AND ADDRESS OF PERSON/WI	ID COMPLETED CAU	SE OF OEATH (ITEM 27)	(Type, Print)							

OHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

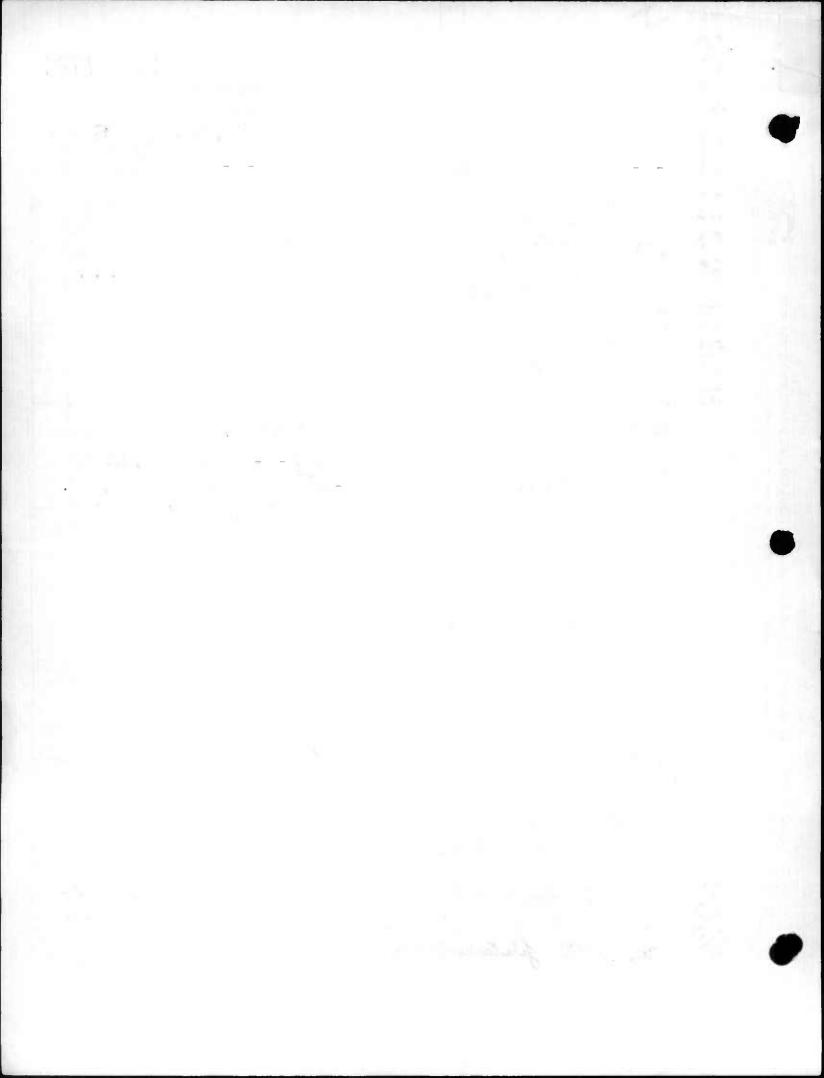
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO.	_		
1. DECEDENT'S NAME (First, Middle,	Last)						OF DEATH	. v	EAR	. TIME OF OEATH
HARRY	, A.	YOU	JNG			OCT	9, 19	990	SAIN .	8:00 A
SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last i	birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIFTH h, Day, Year)		Country)	LACE (State or Foreign
578-07-1131	1\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	83	YRS.	WONTHS LIATS	HOUNS MIN.	4-1	4-190	7 M	ARYL	AND
n. FACILITY NAME (If not institution,	give street and number)			96. CITY, TOWN	OR LOCATION OF O	EATH		9c. COUNTY	OF DEA	ATH
2320 GROSS AV				ED	GEMERE			BA	LTIN	MORE
a. STATE 10b. C	OUNTY	T	10c, CITY	, TOWN OR LOCA	TION		_		-	Od. INSIDE CITY
MARYLAND	BALTIMORE				EDGEMER	F				LIMITS?
e. STREET AND NUMBER	BALTIMORE			10	1. ZIP CODE	_		10g. CITIZE		AT COUNTRY?
2320 GROSS AV	FNIIF				212	19			1	I.S.A.
. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	EO		CENCENT OF HISPA	NIC ORIGII		or No- 14	. RACE -	- American Indian.
☐ Never Married 2 🖄 Married ☐ Widowed 4 ☐ Divorced	FORCES? 1V	YES 2 NO	•		pecify Cuban, Mexic 3 2 X NO Speci		Rican, etc.)		Specify:	WHITE
15. DECEDENT' (Specify only highes	S EDUCATION t grade completed)			USUAL OCCUPATE		188	KIND OF BUS	SINESS/INDUS	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	) iffe. L	Do NOT un	e retired.)						
9TH GRADE	N/A		OWNE	R				T YAR	<u>v</u>	
FATHER'S NAME (First, Middle, La	ist)				18. MOTHER'S NA			Sumame)		
WILLIAM YOUNG							LLER			
INFORMANT'S NAME (Type/Prin					and Number or Rural					4.44
ELIZABETH YOU	NG				DAD BAL	IMOH				1219
e. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Donation 5 Other (Specify	Removal from State	other plac	(00)		metery, crematory or	100		CATION — CIT		•
☐ Donation 5 ☐ Other (Specif)  SIGNATURE OF FUNERAL SERV		GKEEN	MUUI		TERY 10-		BAI	LITMUK	t, N	IARYLAND
SIGNATURE OF TOTAL SERIE	26	0		DUDA	-RUCK FU	VERAL	HOME	OF DU	NDAL	K. INC.
Low	r. 0a	roun	•		WISE AV					•
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury	bDUE TO	OR AS A CONSECU	UENCE OF	F):	Peuls					
nat Initiated events esulting in death) LAST	d	ton as a consecu	DENCE OF							
ART II. Other significant cor	ditiona contributing to	death but not re	sulting i	In the underlying	ng cause given in	Part I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDIN MAULABLE PRIOR TO COMPLETION OF CAUS OF DEATH? I YES 2 NO
. WAS CASE REFERRED TO MEDI	CAL			26. F	PLACE OF DEATH (C	heck only o	ne)		_	
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 (	□ DOA	OTHER:	me 5 Residence	6 C Oth	er (Specify)			
MANNER OF DEATH  1 Natural 5 Pendin	28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN	JURY AT ORK? YES 2 NO		SCRIBE HOW	NJURY OCCU	REO	
2 Accident investig 3 Suicide 6 Could of 4 Homicide determine	28e. PLACE O building,	F INJURY — At honetc. (Specify)	ne, ferm, s	street, factory, offi	ce		CATION (Street or Town, State)		Rural Ro	ute Number,
Check only	PHYSICIAN: To the best of	my knowledge, des	th occurre	ed at the time, dat	e and place, and du	e to the ca	use(e) and me	nner as stated		
(Oribon Orny	KAMINER: On the basis of ex									and menner as state
b. SIGNATURE AND TITLE OF CE					29c. LICENSE NU					Month, Day, Year)
CHILLIC		wo			D 16	The same of		ZVG, DATE S	/	. 112
D. NAME AND ADDRESS OF PERS		SE OF DEATH (ITEM	27) (Time	Print)			_		_	10/90
0.0000011	VERGARA	_	- 111	16	ONE	RIM	VD/11st	1 R	112	nn
. DATE FILED (Month, Day, Year)		R'S SIGNATURE	dur-TP	10	0 10 17	7-07	1000	, ,)	KTV7	7,70
on order inces (worth, buy, 1887)	JZ. REUISTRA	37UIAMONO E IN								d lat?

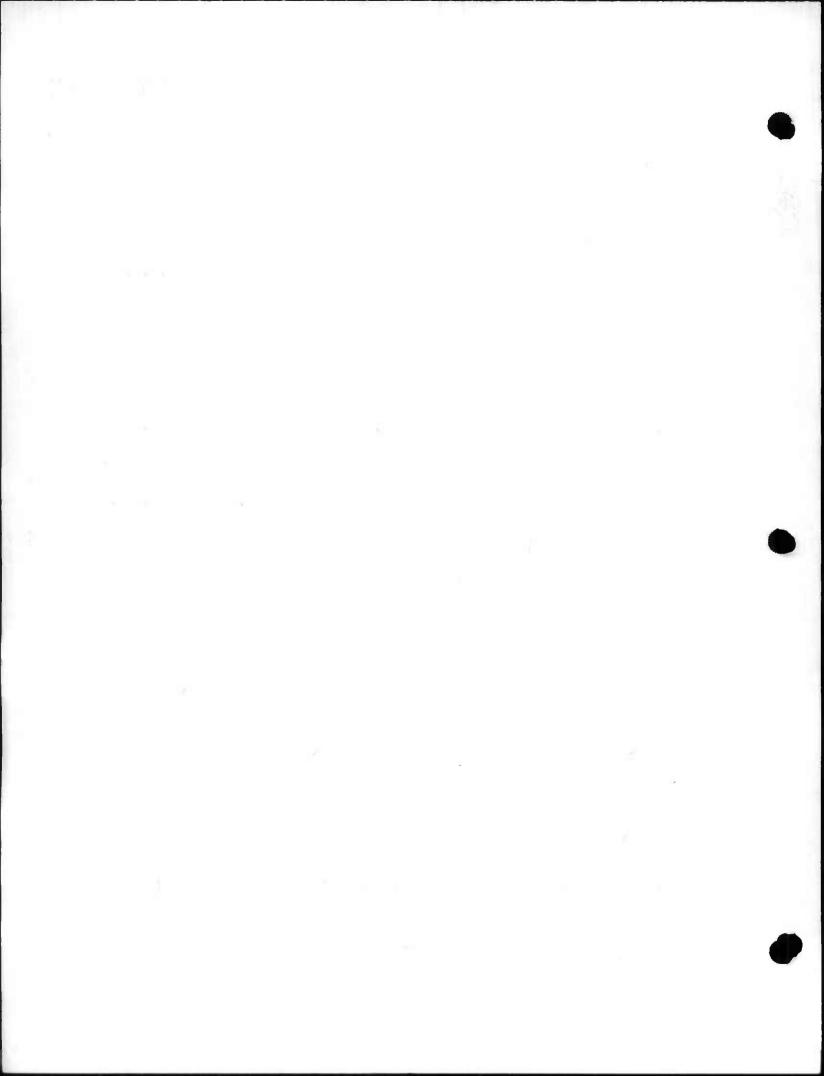
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DCT 10 1990 Julia Davidson-Randall

OHMH-18 Rev 1/89



	1 - STATE REGISTRAR		CE			OF DEA		RI	EG. NO.		O	21106
1	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH		VEAR	3. TIME OF DEATH
	PETER A. ANGEL	OS						Octob	er 8	, 19	90	10:00 A, M
	4.212-36-8389	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y			7. DATE OF B	(ATH			IPLACE (State or Foreign
	213-36-8389	1 🔀 M 2 🗌 F	70	YRS.	MONTHS D	AYS HOURS	MIN.	5-31-	20'		Eth	liopia
	9a. FACILITY NAME (If not institution, give s					WN OR LOCA				9c. COUI	NTY OF D	EATH
O.	503 S. Macon Str	eet			Ba.	Ltimor	e City	У				
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR	OCATION						10d. INSIDE CITY
E	Maryland -			1		ore Ci	tv					LIMITS?
	10e. STREET AND NUMBER					10f. ZIP CO	-			10g. CITI	IZEN OF Y	WHAT COUNTRY?
FUNERAL	503 S. Macon Str	eet				212	24			U.	S.A.	
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED				C ORIGIN? (Sp		or No-	14. RACI	E — American Indian, k, White, etc.
BY	1 Never Married 2 Narried 3 Wildowed 4 Divorced		MAR OR DATES	0		YES 2 N		, Puerto Rican	, 610.)		Speci	
	15. DECEDENT'S EDU	10471011	40. 05	DEACHTIC	USUAL OCC	- DATION		405 1/101	D OF BUI	INESS/INC	DUGTON	MIIITOG
E	(Specify only highest grade	e completed)	(GI	ve kind of	work done duri	ng most of wor	dng	100. KJIVI	D OF BUS	HINESS/INL	7031N1	
PLE	Elementary/Secondary (0-12) 9th	College (1-4 or 5	+)	Pai	nter			l P	aint	ing		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MC	THER'S NAM	E (First, Middle				
BE C	Athanasios Angel	.os					Mari	ika				
TO B	19a, INFORMANT'S NAME (Type/Print)		190					oute Number, C				
۲	Mrs. Sotiria Ang	;elos		503	S. Ma	acon S	treet	, Balt		_		
	20a. METHOD OF DISPOSITION  1	noval from State	other pla	ice)		of cometery, cr	emetory or			CATION —		30.14.10.00
	4 Donation 5 Other (Specify)		_ Oak	Lawr	Ceme	Cery			Bal	timo	re,	Ma.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Ma	thews	Fune	ral Ho	me			
	Unn &.	Tatt	hews	/	302	21 Eas	tern A	Ave.,	Balt	imor	e, M	d. 21224
	23. PART I. Enter the diseases, or shock, or heart failure.	I let only one on	una na anah Ilaa				-		-			Approximate interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	1	O (OR AS CONSE	^		CNI	C C	1	10	01	(-	Onset and Death
	resulting in death)	s. L V	MQ C	MIENCE	W.	110.	047	mac	1	en,	a	<b>√.</b>
		DOE TO	(OR AS (CONSE	JUENCE C	A-).							i
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	bDUE TO	OR AS A CONSEC	DUENCE C	OF):							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	c										
E	that initiated events resulting in desth) LAST	DUE TO	OR AS A CONSEC	DUENCE C	OF):							
H	resulting in death) CXS1	d										
	PART II. Other significent condition	ns contributing to	deeth but not r	esulting	In the unde	rlying cause	given in f	Part I. 24a		AUTOPSY	248	. WERE AUTOPSY FINDINGS
MEDICAL								_   1	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
밀								_   `		7		1 YES 2 NO
			-									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PLACE OF	DEATH (Che	ck only one)				
YSI	1 TES 2 NO	1 Inpatient 2	☐ ER/Outpatient 3		4 🗆 Numin	g Home 5	Residence 1	8 Other (Sp	eclfy)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE Of (Month, i	F INJURY Day, Year)	28b. TH	ME OF 2	Bc. INJURY AT WORK?		28d. DESCRI	BE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation	200 DI ACE	OF INJURY — At ho			1 YES 2	□ NO	and LOCATIO	M (Disease)	and Alumba	na an Oweni	Route Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	arro, imitri,	street, factor	, office		City or To	wn, State)	and Numbe	V OF HUYER	rious Number,
T	29a. CERTIFIER											
COMPLETED	(Check only											(a) and menner as stated.
	25b. SIGNATURE AND TITLE OF CERTIFIE											
BE	P.A.K.	who	man		M.D	1 1	2.X	949				8-90
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (ITE	M 27) (Typ	e, Print)		~~	' ' (				- IV .
	A STANSBURG WAS AND STANSBURG TO STANSBURG TO STANSBURG											
	31. DATE FILED (Month, Day, Year)	2. REGISTE	AR'S SIGNATURE	£.00 .				·				
	OCT 1 1 1990	of what he	nigon-Mark									



9	1 - FOR STATE OF MARYLAN		T OF HEALTH AND ! E OF DEATH	MENTAL HYGIENI REG. NO.	E 90	21183
1	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	Y A YEAR	3. TIME OF DEATH
	VIRGINIA LEE ANDREWS			OCT 8	1990	4:35 am
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In 1 In M 2 In 1 In M 2 In 1 In M 2 In 1 In M 2 In In In In In In In In In In In In In	YRS. MONTHS		7. DATE OF BIRTH (Month, Day Year) _ Aug. 11,	1935 Mary	land
E	9a. FACILITY NAME (If not institution, give street and number)  GOOD SAMARITAN HOSPITAL		y, town or location of o		Baltimor	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	10c, CITY, TOWN				10d. INSIDE CITY
DIRECTOR	Maryland Baltimore City		ore City			LIMITS?
ERAL	100.STREET AND NUMBER 47 West Talbott Ŝtreet		101. ZIP CODE 2 22	5	U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 X Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATI	2 NO	. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxics 1 YES 2 NO Specif	in, Puerto Rican, etc.)	or No — 14. RACE Black, Specify	- American Indian, White, atc. White
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	6e. DECEDENT'S USUAL	OCCUPATION a during most of working	16b. KIND OF BUS	NESS/INDUSTRY	
	Elementary/Secondery (0-12) College (1-4 or 5 +)	ille. Do NOT use retired.	)		0	
COMPLETED	11th none	Cosmolog		Giant ME (First, Middle, Maiden)		
ပိ	Roy R. Rorrer		20,000	I. Webb	sumame)	
BE (	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRES	SS (Street and Number or Rural		n, State, Zip Code)	
임	Mr. James R. Jennings	118 Cress	sfell Rd. Irm	no, South C	Carolina 2	29063
	20a, METHOD OF DISPOSITION 1  Burlai 2 Cremetion 3 Removal from State	PLACE OF DISPOSITION (Fother place)	Name of cemetery, crematory or	20c. LO	CATION — City or Tow	n, State
	4 □ Donation 5 □ Other (Specify) M  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	etro Crema	tory, Inc.	Bal	ltimore, l	1d.
	A CO M G//		Singleton Fur			
	23. PART i. Enter the diseases or complications that caused t		Second Ave.			
	shock, or heart fellure. List only one ceuse on each		or the mode of dying, suc	th aa cardlec or respi	ratory arrest,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition RESPIRAT	TORY ARK	EXT			Onset and Death
	DUE TO (OR AS A C	ONSEQUENCE OF):			•	
N	Sequentially list conditions, Methicum	-Kristant	Staph aur	us phum	money	6 Wes
RTIFICATION	If any, leading to immediate couse. Enter UNDERLYING	CONSEQUENCE OF):	Alalmmen.	1 m/halin	00-1	
FIC	CAUSE (Disease or Injury that Initiated events	CONSEQUENCE OF):	Justining	211VOLUS	YN	
ERT	resulting in death) LAST					
L CE	PART II. Other significant conditions contributing to deeth but	t not resulting in the t	inderlying cause given in	Part I. 24a. WAS AN	AUTOPSY 24b.	WERE AUTOPSY FINDINGS
CA				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI					' \	OF DEATH?
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	отн	26. PLACE OF OEATH (CI	heck only one)		
IYSI	1 ☐ YES 2 ☐ NO 1 1 ☐ Inpetient 2 ☐ ER/Outpet 27. MANNER OF DEATH 28e. DATE OF INJURY		ursing Home 5 ☐ Residence	8 Other (Specify)  28d. DESCRIBE HOW II	N IIIDY OCCUPED	
<b>P</b>	1 Natural 5 Pending (Month, Day, Year)	INJURY	WORK?	280. DESCRIBE NOW I	NJONT OCCURED	
D BY	2 Accident Investigation 3 Suicide 6 Could not be 28s. PLACE OF INJURY – building, etc. (Specify	- At home, farm, street, fa	ctory, office	261. LOCATION (Street a		oute Number,
ETEI	4 Homicida determined	"		City or Town, State)		
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination					and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NU		29d. DATE SIGNED	
O BE	CHIM - MEDICAL	INTERN			DOI 8	, 1990
ř	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PEAT		1601 LOCH	PAIRA RA	VO TAI	TWATE AM
	Charles (No. 110)	-11 by	المحالية	MANNA 131	MAIN	TINION TOED

ars after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 are after death. Page 6 may be retained by the hospital or attending physician TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ms 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146

Suha Devidoon-Rander OCT 1 1 1990

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DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the standing physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First, Middle, L		CERTI	FICATE	OF DEATH		REG. NO.		Ta mini na
-		DNANIET			MONT		YE	
FANNIE 4. SOCIAL SECURITY NUMBER	6. SEX	BARNET	_		10		: 1990	
120-14-92	1   H 2   F	6. AGE (In yrs. last birthda	MONTHS	YEAR IF UNDER 24 HI DAYS HOURS ME	(Mon	OF BIRTH	C	SIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution,	,	100		TOWN OR LOCATION O		-11-23	9e. COUNTY	OE DEATH
LibeRTV M	ed. Cos	Teal		BAITO			BC. COUNTY	OF DEATH
RESIDENCE OF DECEDEN	CA CEII	ien		DITTO!				
10a. STATE 10b. CO	UNTY	10c. C	TY TOWN OR	LOCATION				10d. INSIDE CITY
md.			51/1	Z.				1 YES 2 NO
10e. STREET AND NUMBER	1 11			101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
5005 Mid	Wood A	10		212	12		u	1.5,
11. MARITAL STATUS	12. WAS DECEOR	ENT EVER IN U.S. ARMEO		AS OECENOENT OF HI			r No 14.	RACE — American Indian, Black, White, etc.
1 Widowed 4 Divorced		WAR OR DATES	11		pecify:	ricen, etc.)		egecity:
							1//	egro
15. DECEDENT'S	EDUCATION grade completed)	16a. OECEDENT	of work done du	CUPATION iring most of working	-16	b. KIND OF BUSIN	IESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or	5+) Ife. po NO	be retired.)					
		271	bi P					
17. FATHER'S NAME (First, Middle, Les		1		16. MOTHER	B NAME (First,	Middle, Malden St	mame)	M- ,
MEXANDER	1244	nett		Vir	9111	A 00	11/1	rek.
19a. INPORMANT'S NAME (Type/Print)	12-11	19b. MAILI	NG AODRESS	Street and Number or R	ural Route Nur	nber, City or Town,	State, Zip Cod	(6)
Tabella.	DILAND	00 50	105	mah	VORO	AVEL	21/1	er masisi
20. METHOD OF DISPOSITION 1 Description 2 Commention 3 C	Removal from State	20b. PLACE OF DISI	POSITION (Nem	e of cemetery, cremetory	or	20c, LOCA	TION - City	or Town, State
☐ Donation 6 ☐ Other (Specify)		- Weste	en a	STAPLE	m	- 6	Alt	. ma
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. N	AME AND ADDRESS O	F FACILITY		,	
* Rott 1	-10 40 10 1	. / Home	/ /	1150 N		10 - 11	1:	61
23. PART I. Enter the diseases	or complications to	hat caused the death D		29/11/		4201	INC	>>
	ure. List only one c		o not enter t	ne mode or dying,	such as ca	raise or respiri	nory erreat,	
IMMEDIATE CAUSE (Final								Interval Between
		ν.						Onset and Dear
disease or condition	8.	Aspiration	n þin	eumonia				
disease or condition resulting in death)	8DUE 1	ASDITE TO OR AS A CONSEQUENCE	n bin	eumonia				
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disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	T b	TO (OR AS A CONSEQUENCE	: OF):	eumania				
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WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  Bursel Route Number,  Bursel (a) and manner as stated.  GNED (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 ND  27. MANNER OF OEATH  1 Natural 6 Pending Investigat   1 Natural 2 Accident   2 Accident 3 Suicide 6 Could in determined to the condition one) 2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2 MEDICAL EXAMINER   2	DUE 1 d.  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WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO  ED  ED

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31. DATE FILED (Month, Day, Year)

OCT 1 1 1990

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32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Balt modicie

Burton

YRS

24

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DAY8

HOURS

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

90

YEAD

REG. NO.

2. DATE OF DEATH MONTH 10-8-90

(Month, Day Mer) 66

7. DATE OF BIRTN

27785

11:15PM

10d. INSIDE CITY 1 YES 2 NO

BLACK

21212

interval Between Onset and Death

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATN? XXXVES 2 NO

8. BIRTHPLACE (State or Foreign

MD.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

Norman

5. SEX

1 / M 2 | F

1 -

215-84-3587 physician. burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH DIRECTOR Johns Hopkins Hospital Baltimore city 10b. COUNTY 10c. CITY, TOWN OR LOCATION BALTIMORE, CITY MD FUNERAL 10e. STREET AND NUMBER 10f, ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? USA 21218 341 E. 21st STREET 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working (Specify only highest grade co (Give kind of work done life. Do NOT use retired. Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED Once. s retained by the ho 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) SARAH MOSES BURTON LEON BURTON 2 Ħ BE notified director, page 5 should 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 0 701 BEAUMONT AVE. - BALTIMORE, MD. GLORIA BENJAMIN death. Page 6 may be 204 METHOD OF DISPOSITION pe 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State 20s METHOD OF DISPOSITION
1 D Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) must CATHEDRAL CEMETERY BALTIMORE, MD. NEW 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY xaminer n by the funeral of removal. adus WM.C. MARCH F.H. 1101 E.NORTH AVE. ando medical 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition Gunshot wound of head resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 0 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the XXXYES 2 NO t. of has be Dept. PHYSICIAN: 26. PLACE OF OEATN (Check only one) 25. WAS CASE REFERRED TO MEDICAL Hem certificate h HOSPITAL:
1 | Inpatient 2 | XP9/Outpatient 3 | DOA OTHER: XXXYES 2 NO ng Nome 8 🗆 Residence 6 🗆 Other (Specify) 0 27. MANNER OF CEATN 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED with 1 marked, (Month, Day, Ye 10-8-90 1 Natural 5 Pending 10:43PM 1 □ YES 2XXNO Subject shot BY After I 2 Accident Investigation 28f. LOCATION (Street and Number or Rural Route Number, 28a. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 3 Suicide . 50 ETED. 6 Could not be determined 2000 Block Barclay Street, FUNERAL DIRECTOR: within 72 hours after Homicide Street 28 Item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end makiner ee stated. 29e. CERTIFIER COMPL IMPORTANT: If MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 10-10-90 29c. LICENSE NUMBER BE 五五三 OCME WN 2 2 3 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
DONALD WRIGHT, MD 111 Penn Street, Baltimore, MD 21201 31. DATE FILED (Month, Day, Year) 12. HEGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

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L		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90								27786		
		1. DECEDENT'S NAME (First, Middle, Last) MARIE				BACHN		2. DATE OF DEAT	9, 199	EAR	:00 P. M		
		4. SOCIAL SECURITY NUMBER		yrs. lest bir	thday) IF UNDE	R 1 YEAR	IE INVOED 24 MDS	7 DATE OF BIRTH	1.0		(State or Foreign		
Đ		216 - 07 - 1627	1 □ M 2 💢 F 7	3	YRS. MONTHS	DAY8	HOURS MIN.	Sept. 15	,1917	Mary1	and		
3 should	~	9a. FACILITY NAME (If not institution, give a		0.1			R LOCATION OF DE	ATH	9c. COUNTY		1 - 1		
	OT:	347 Gatewater Co	ourt Apt. 20	04	GI	en Bu	urnie		Anne	Aruno	le1		
safte	DIRECTOR	Maryland Anne	v e Arundel		Glen B					L	NSIDE CITY IMITS?		
lag physician. the buria-days ermit. Pages 1, 2,	FUNERAL DI	10e, STREET AND NUMBER	s Alundel		GIEII D		. ZIP CODE		10- CITIZEN	1 🗆	YES 2 NO		
		347 Gatewater Co	urt Apt. 20	04		101.	21060		1315	S.A.	DONTKIT		
		11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARME	D 13.		ENDENT OF HISPAN			. RACE — Am Black, White	nerican Indian,		
phi phi	BY E	1 Never Married 2 X Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT				ecify Cuban, Maxica 2 X NO Specify		'	Constant	Nhite		
as th	BE COMPLETED	15. DECEDENT'S EDU	JCATION		DENT'S USUAL C			18b, KIND OI	BUSINESS/INDUS	TRY			
al or at for use		(Specify only highest grade Elementary/Secondary (0-12)	Collega (1-4 or 5+)	life. Do	kind of work done NOT use retired.)	during mo	at of working						
the hospital or attend detached for use as		12th.	NONE	Homemaker						Own Home			
by the be det		17. FATHER'S NAME (First, Middle, Last) Emi 1		Bicov	rich		Mary	WE (First, Middle, Ma	iden Surname)	Raska			
should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should be should		19a. INFORMANT'S NAME (Type/Print)				S (Street a	nd Number or Rural I	Route Number, City o	Town, State, Zip Co		21060		
be reta	2	Mr. Vernon C. Bac	chman, Sr.	34	7 Gate	water	r Court	Apt. 20	4, Glen	Burnie			
burs after death, Page 6 may be retained by the hospital or attending physician in by the funeral director, page 5 should be detached for use as the burta-dan removal.  nedical examiner must be notified at once.		20a. METHOD OF DISPOSITION 1 To Burlal 2 Cremation 3 Rem	noval from State	other place.	)		netery, crematory or		LOCATION — CIty				
		4 Donation 5 Other (Specify)		len i			ial Park		en Burni	ге, Ма	ryland		
		·90 H.	2//-		S:	ingle	eton Fund and Ave.	eral Home	e lan Pum	do Ma	1 21061		
		23. PART i. Enter the diseases, or	complications that caused	the death							Approximata		
6 6 6			List only one cause on ea	ich line.							Interval Between Onset and Death		
d within 24 ompletely fille I, cremation, event, the		disease or condition resulting in death)	· Cnc	non	nati.	nz	huth	bro	in	1			
8 2 - p		iMMEDIATE CAUSE (Finel disease or condition resulting in death)  • Concurrent to the finel disease or condition out to (or as a consequence of):  The finel disease or condition out to (or as a consequence of):  The finel disease or condition out to (or as a consequence of):  The finel disease or condition out to (or as a consequence of):											
at pri	O	Sequentially list conditions,	b. DUE TO (OR AS A										
ysician prior i	CAT	If any, leading to immediate cause. Enter UNIVERLYING CAUSE (Disease by Injury											
certificate ding physi lygiene pri r other to	CERTIFICATION	that initiated events pure to (or as a consequence of): resulting in deeth) LAST											
E E - 0	SE		d	_									
	AL	PART II. Other algnificant condition		-			g ceuse given in		S AN AUTOPSY REORMED?	AMAIL	AUTOPSY FINDINGS ABLE PRIOR TO		
中 2年 章	MEDICA	Tulmmy emphysim to COMPLETION OF OF DEATH?											
iaw requires that as been signed Dept. of Health 23 shows an								-		''	YES 2 NO		
PHYSICIAN: The law requires the this certificate has been signed with the State Dept, of Health riked, or item 23 shows an	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF OEATH (Ch	eck only one)					
CIAN: prtificat the Sta	YSIG	1 TES 2 NO	1 - Inpetient 2 - ER/Outpe			ursing Hom	ne 5 Raeldenca		,				
NG PHYSIC fler this ce eath with t marked,		27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	'	28b. TIME OF INJURY M	WC	JURY AT DRK? YES 2 NO	28d. DESCRIBE	IOW INJURY OCCU	RED			
TTENDING TOR: After after death 28 Is ma	ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF INJURY	28a. PLACE OF INJURY — At home, farm, street, factory, offi			Ica 281, LOCATION (Stree			t and Number or Rural Route Number,			
	TEC	4   Nomicide determined building, atc. (Specify)											
	COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.											
TO THE HOSPITAL TO THE FUNERAL Be filed within 72 t	CON	one) 2 MEDICAL EXAMIN	IER: On the basia of axamination	and/or inv	estigation, in my	opinion, o	death occured et the	lime, data and pla	pe, and due to the	cause(a) and i	menner as stated.		
TO THE HOSPIT TO THE FUNER De filed within I	BE	296. SIGNATURE AND TITLE OF CERTIFIT	#	0			29c, LICENSE NU	JU8	29d. DATE S	SIGNED (Monti	h, Day, Year)		
263 2	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM :	27) (Type, Print)		016	808	1, 10	7/10/	7()		
		Dr. Jose M. Presbitero 7845 Oakwood Road, Glen Burnie, Maryland 21061											
		31. GATE FILED (Month, Day, Year)	32-REGIOTRAR'S STOR	NEURE.									
		OCT 1 1 1990	gula Davidson-Ma	INTO									

BAL	irs after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the fune be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR A	DIRE	Tem
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lived in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	1
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FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAL HYGIEN REG. NO.	E		
	- BECKER				2. DATE OF DEATH MONTH DA	YEAR 90	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER  252~70-5590  BB. FACILITY NAME (If not institution, given	1 🗆 M 3 🗸 F	90 YRS. MC	UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN. R LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Mear)	Cour	ew York City	
Hebrew Home of G	reater Washing	gton	Roc	kville		omery		
Maryland Mo	ntgomery		OWN OR LOCAT			10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO		
100. STREET AND NUMBER 6121 Montrose Ro			101	20852		10g. CITIZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS  Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		IC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	CE — American Indian, ock, White, etc.		
15. DECEDENT'S E (Specify only highest on Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n Piano	k done durina mo	st of working	200000000000000000000000000000000000000	business/Industry Busician		
17. FATHER'S NAME (First, Middle, Lest) Pavid Becker				18. MOTHER'S NAI	ME (First, Middle, Meiden Kobedanski	Surname)		
190. INFORMANT'S NAME (Type/Print) Sylvia G. Platt		19b. MAILING AC 9332 Ho	UTU EY R	nd Number or Rural F Oad, Sil	oute Number City or Town	, State, Zip Code) , Md. 20	0910	
29q, METHOD OF DISPOSITION  X Buriat 2 Cremation 3 R  4 Donation 5 Other (Specify)	amoval from State	other place) Oher	Sholo	m Talmud	Torah Wa	CATION - CHy or	Town, State	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	tien	22. HAME AN D.M. S 232 CA	on Cemet D ADDRESS OF FAM TEIN HEB RROLL ST	CHITTY		L HOME, INC.	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentiely list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS /	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	AIN	SYNDR	LOME .		Onset and Deat	
PART II. Other significent condit		out not resulting in			PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	l c		ACE OF DEATH (Ch				
1 VES 2 NO  27. MANNER OF DEATH  1 Neturel 5 Pending	1 Inpetient 2 ER/Out	patient 3 DOA 4	OF 28c. INJ	e 5 Residence URY AT RK? /ES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED		
2 Accident Investigation 3 Suicide 8 Could not determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, stre	eet, factory, offic		28t. LOCATION (Street : City or Town, State)	and Number or Rura	il Route Number,	
const.	IYSICIAN: To the best of my know						e(a) and menner as stated.	
296. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NUR D36	-	29d. DATE SIGNI	ED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	MR, 6121	MONTH		POND		ILLE M	10.20852	
31. DATE FILED (Manth, Dey, Year)	32. REGISTRAR'S SIGN	NATURE						
T T 199	J guille Davidson	-Notion					OHMH-18 Rev 1	

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TO BE COMPLETED BY FUNERAL DIRECTOR

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1 - STATE REGISTRAR	SIAIL OF WAR	CE	RTIFIC	ATE	OF DE	ATH	WENTAL	REG. NO.	-		
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O	F DEATN		WEAR	3. TIME OF DEATN
William J. Beh	rens						MONTH 1 ()	5		YEAR	м
4. SOCIAL SECURITY NUMBER	NGE (In yrs. last		F UNDER 1 YE			7. DATE OF BIRTN (Month, Day, Year)				PLACE (State or Foreign	
9e. FACILITY NAME (If not institution, give stre	1 M 2 F	84		h CITY TO	WN OR LOCA	TION OF DE	2	5	1905	Ma I	ryland
Seton Highor Nu	,	me			timo				<b>36.</b> 000	NTT OF D	-011/
10a. STATE 10b. COUNTY			10c. CITY, 1	OWN OR L	OCATION						10d. INSIDE CITY
Maryland			Bal	timo	re C	ity					LIMITS?  1) YES 2 NO
10e. STREET AND NUMBER					101. ZIP CC	DDE			10g. CIT	ZEN OF W	HAT COUNTRY?
403 N. M ontfo	rd Ave.	Balto	Md.			1224				U.S.	. A .
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	er in u.s. ara ves 2 ne dr dates WWII						, Puerto Rican, etc.) Biaci			— American Indian, , Whita, etc. NY: White	
15. DECEDENT'S EDUCA (Specify only highest grade of		(Gh	EDENT'S US	k done durin		rking	16b. 1	KIND OF BU	BINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use r								
6 years		St	able	Boy	_				_		
17. FATHER'S NAME (First, Middle, Leat)							ME (First, Mi		Surname)		,
John Rehrens  19a. INFORMANT'S NAME (Typo/Print)							McB:				
Catherine Osik			MAILING AI		her					206	
20a. METHOD OF DISPOSITION	14	20b. PLACE C	OF DISPOSIT	ION (Name	of cemetery, o	remetory or		20c. LO	CATION —	City or To	wn, State
1 Berrial 2 Cremation 3 Remov			land	VA	Ceme	tery		Ga	rris	on,	Md.
21. SIGNATURE OF FUNERAL SERVICE LICE	Sin 1 1	0			ME ANO ADD		L				er, Inc.
23. PART I. Enter the diseases, or co	III mei	ler		JF.H	1. 19	01 E	aste	rn A	ve.	212	
ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	at only one cause of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state	AS A CONSEC							Tatory at	1001,	Approximate Interval Between Onset and Death 3 4W.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEO						- 15			
PART II. Other algorificant conditions  Ho eff  Ho any;  Ho El	Thru ja	mbalu		the under	rlying caus	e given in		24a. WAS AN PERFOI 1 TYES 2	RMED?	246	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				6. PLACE O	F DEATH (C/	neck only one	)			
1 TYES 2 1 NO	1   Inpetient 2   ER	/Outpetient 3	□ DOA 4		Home 5		8 🗆 Other	(Specify)			
27. MANNER OF DEATN  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, )		28b. TIME	W.	C. INJURY AT WORK?		28d. DE\$(	CRIBE NOW	INJURY OC	CURED	
2   Acceptant 3   Suicide   5   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)   28f. LOCATION (Street and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or									Toute Number,		
29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSIC DESCRIPTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPER	IAN: To the best of my										a) and manner se stated.
296. SIGNATURE AND TITLE OF CERTIFIER	in Mo				29c. 1	1512	MBER		29d. DA	O 6	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	an - 5	214	aft.	D VC	). B	alt	- M	D. 2	1210	1	
OCT 11 1990	Julia Davids		486								

BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be interested by the attending physician and completely filled in by the funeral dimensiones. State this certificate has been signed by the attending physician and completely filled in by the funeral dimensiones. State the certificate has been signed by the attending physician and completely filled in by the funeral dimensiones. The completely filled in by the funeral dimensiones are attended by the attended to the attended to the complete the completely filled in by the funeral dimensiones are attended by the attended to the attended to the completely filled in by the funeral dimensiones are attended to the complete the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the completely filled to the comple DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at enter.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

of the

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the site death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trimme be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las			-ICAII						
	•					2. DATE OF DEATH DON'TH D		YEAR	3. TIME OF DEATH
	irgil Barze					000.	9 19		2 2
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)  Q / YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5 / 7 / 190	_	Countr	PLACE (State or Fereign
213-09-9427	1 M 2 F	84 YRS.					O gc. COUN		nnsylvani
9a. FACILITY NAME (If not institution, give					R LOCATION OF DE	ATH	9c. COUN	TYOFD	EATH
705 S. Potom	ac St.		В	alti	imore				
10a. STATE 10b. COU	NTY	10c, CI	TY, TOWN	OR LOCAT	ION				10d, INSIDE CITY
Md.		Ba	alti	more	2				LIMITS?
10e. STREET AND NUMBER				-	. ZIP CODE		10g. CITIZ	EN OF V	HAT COUNTRY?
705 S. Potom	ac St.				21224		1	U.S	. A .
11. MARITAL STATUS	12. WAS DECEDENT EVER		13.		ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No-	14. RACE	— American Indian, t, White, atc.
1 Never Married 2 Married	FORCES? 1 YE				ecify Cuban, Mexica 2X NO Specify	n, Puarto Rican, etc.)		Speci	he:
3 Widowed 4 Divorced							ŀ		Italian
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'	S USUAL C	OCCUPATIO	ON at of working	16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)								
		Stone	e Ma	son		Cons		tion	1
17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Sumame)		
Thomas Bar	zett1				Rosa	2 22 31 11 11 12 12 12			
19s. INFORMANT'S NAME (Type/Print)						Route Number, City or Tox			1 2 2 /.
Ada Barzetti				_		. Balto.			1224
20a, METHOD OF DISPOSITION 1 Partial 2 Cremetion 3 A	lemoval from State	other place)					CATION -		
4 Donation 6 Other (Specify)		Sacred			Cemeter		Balt	1mo	re
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11	22	, NAME AI	ND ADDRESS OF FA	CIUTY			21224
11-della	- I Call	000	L	i111	v & Zei	ler Inc.	700	S.	Conkling
	- CO	S A CONSEQUENCE			-0				i
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	· Resp	MUX O	ont	F	inlu	e			
if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OK)A			underlyin	g couse given in	Part i. 24a. WAS AI PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c. DUE TO (OK)A			underlyin	g ceuse given in	PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION DF CAUSE
If eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other eignificant conditions to the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cau	c. DUE TO (Ot A)					PERFO	RMED?	241	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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DHMH-15 Rev 1/89

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FOR

1. DECEDENT'S NAME (First, Middle, Last)  CASIMIR	CASIMIR	SLYTH	AWLYTK	0	2. DATE OF DEATH	10-7	YEAR	OGZOA
4. SOCIAL SECURITY NUMBER 2/2-22-2907	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	26	8. BIRTHPL	ACE (State or Foreign YLAND
98. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	ORE		-	NTY OF OEAT	TH .
MARYLAND	TY		Y, TOWN OR LOCA TIMORE	TION				d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 2636 HUDSON STR			100	1. ZIP CODE 1224		10g. CITI	ZEN OF WHA	T COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR I	IN U.S. ARMEO S 2 NO DATES	If you, as		NIC ORIGIN? (Specify Ye in, Puarlo Rican, etc.) y:	s or No—	14. RACE — Black, W Specify: WHIT	American Indian, Inita, etc.
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)		USUAL OCCUPATI work done during me se retired.)		16b. KIND OF BU			
17. FATHER'S NAME (FIRST, MIDDIN, LAST)  JOHN CZAWLYTKO				HENRIE		SLA		
MR. WALTER CZA	WLYTKO				BALTO. ME		1206	
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2). SIGNATURE OF FUNERAL SERVICE LI	Magain		K A C Z 1	JROWSR'I'	FUNERAL ST. BALTO		_	224
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PART II. Other aignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 5 Could not be determined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINERS.	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONS	in the underlying 26. F  OTHER: 4   Nursing Hor ME OF 28c. IN W 1 1   1   1   1   1   1   1   1   1	LACE OF DEATH (C) me 5  Raeldence JURY AT ORK? YES 2  NO ca e and place, and du deeth occured at the	24a. WAS AI PERFO 1 YES  1 Other (Specify)  26d. DESCRIBE HOW  26f. LOCATION (Street City or Fown, Street City or	INJURY OC  and Number  in due to ti	ACCURED  or or Rural Rounted.	ERE AUTOPSY FINDING ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 - NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month of the factor. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

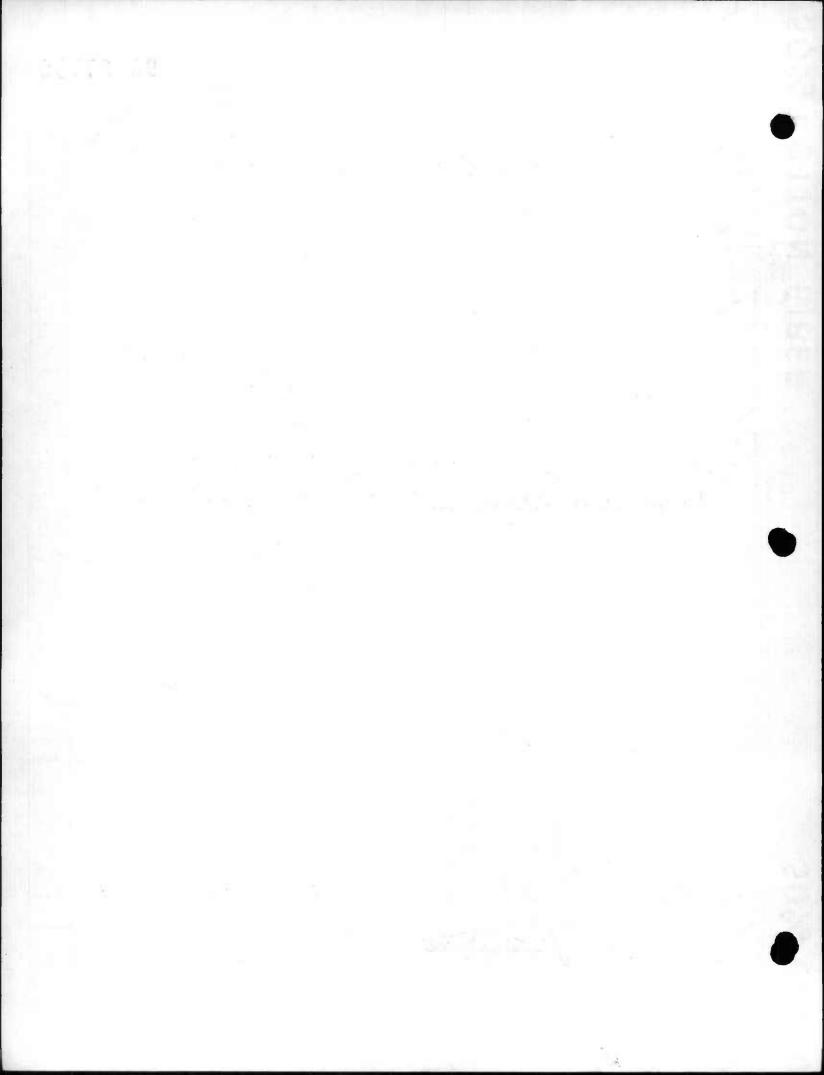
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-314

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

OHMH-18 Rev 1/89



P.O.

1, 2, 3 should

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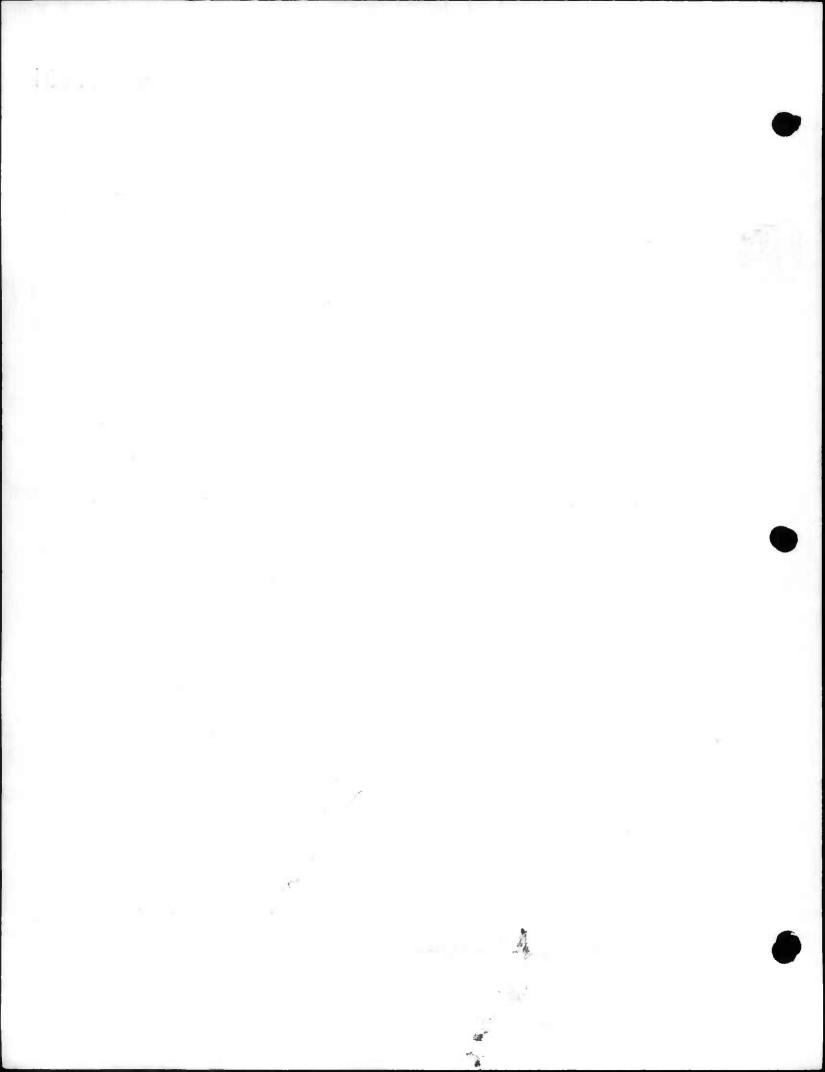
2. REGISTBAR'S SIGNATURE.

FOR STATE REGISTRAR LILLIAN V. CLARK CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATN LILLIAN CHARIC 4 A 10 90 4 SOCIAL SECURITY NUMBER 8 SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign "Mb. DAYS HOURS 1 🗆 M 2 📉 F 213-38-4975 YRS 08/23/99 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATN MONTGOMERY HOLY CROSS HOSPITAL SILVER SPRING DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 1 YES 2 NO MONTGOMERY GATTHERSBURG MD. 10e. STREET AND NUMBER 10g. CITIZEN OF WNAT COUNTRY? FUNERAL USA 20882 24930 DUNNAVANT DRIVE 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 300 If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY WHITE 3 Wildowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) RECREATION ROOM ATTENDANT PARK AND PLANNING COMPL UNKNOWN 17. FATNER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surname) (UNKNOWN) BOWMAN UNKNOWN BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 TRI LAKE PARK BOX 47 BERKELEY SPRINGS, W.V. 25411 RUSSELL HARDING 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State 20a. METHOD OF DISPOSITION

1XC Burlel 2 Cremetion 3 Removal from State

4 Donation 5 Other (Specify) GERMANTOWN, MD. GERMANTOWN BAPTIST CEMETERY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MURIEL H. BARBER FUNERAL HOME 21525 LAYTONSVILLE RD. LAYTONSVILLE, MD. 20882 23. PART I. Enfer the dieseese/or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart fellure. Liet only one cause on each line. Approximate interval Between **Onset and Death** IMMEDIATE CAUSE (Final diseese or condition_ umon (a MONTH resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24b. WERE AUTOPSY FINDINGS PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF INJURY 1 Natural 2 Accident 8 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined ETED 4 Homicide 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. COMPL tigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. BE 90

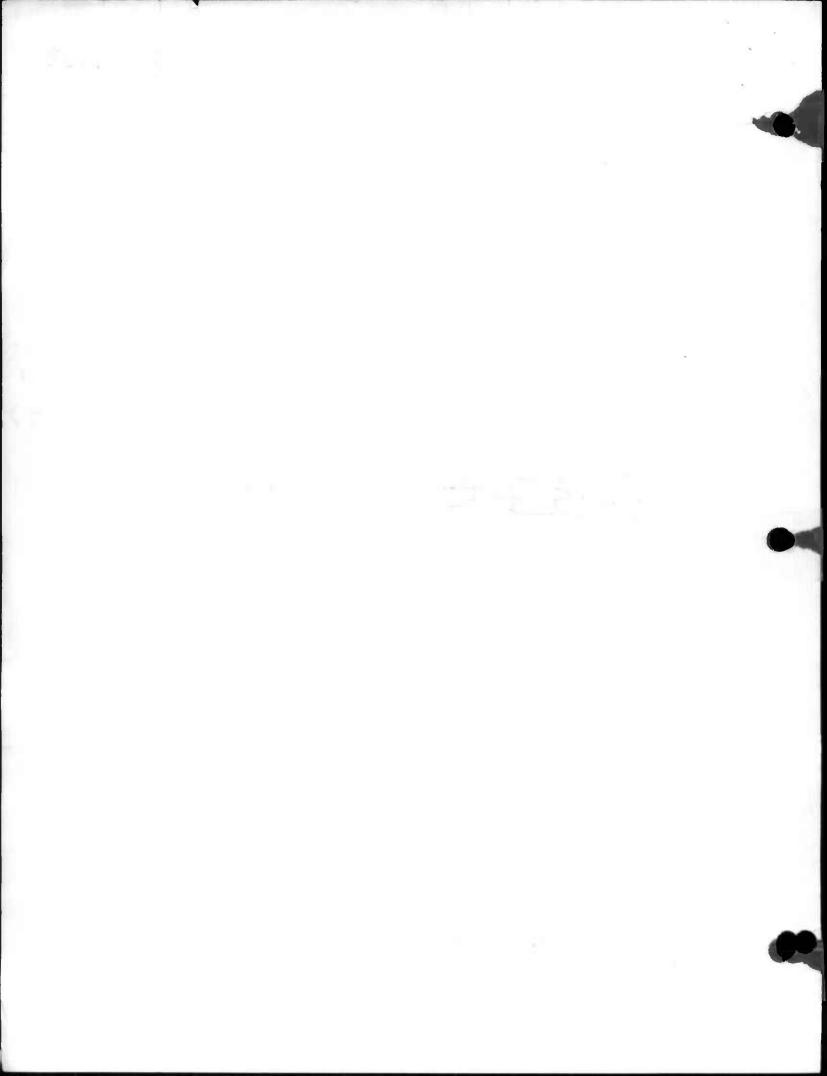
20902



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mous after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turn be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MAR			ENT OF H			IYGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)		Dum.	lor			2. DATE OF	DAY	Y Y	EAR	3. TIME OF DEATH	
		ARIE					OCT -		1.		4:35PM	М
		\$EX 6. /	AGE (In yrs. last t		THE DAYS	HOURS MIN.	7. DATE OF I	ly, Year)		Country)	LACE (State or Foreig	gn
į	217-30-4554 11	Λ	55		CITY TOWN C	R LOCATION OF DE	April	14.	96. COUNTY	MD OF DEA	NTN	
DIRECTOR	North Arundel Hospi	,			Glen Bu		Anne Arundel County					nty
JE I	10a. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCAT	ION				- 1	IOd. INSIDE CITY	
Ē		ne Arunde	el l	Gle	enBurn						YES 2 NO	0
RA	10e. STREET AND NUMBER				101	ZIP CODE			16g. CITIZEI	OF WH	IAT COUNTRY?	
FUNERAL	9 IVY Lane	. WAS DECEDENT EV	FD IN HS ADM	ED.		21060 Endent of Nispan	IIC OBIGINS (9	nacify Yes	U.S		- American Indian,	_
	1 Never Married 2 X Married	FORCES? 1	YES 2 NO		If yea, sp	city Cuben, Mexica 2 X NO Specify	n, Puerto Rice			Black, Specify:	White, atc.	
BY	3 Widowed 4 Divorced					- Qq rro - opcomy					WHITE	
윤	15. DECEDENT'S EDUCATION (Specify only highest grade com-		(Give	kind of work	AL OCCUPATIO		18b. KII	ND OF BUS	INESS/INDUS	TRY		
۳		ollege (1-4 or 5+)		Oo NOT use ret								
COMPLETED	10th 17. FATNER'S NAME (First, Middle, Last)	N/A	I SU	PERVIS	SOR	18. MOTHER'S NA				ONAL	L BANK	
	DAVIS WIEST					MARY EST						
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AO	DRESS (Street a	nd Number or Rural I				ode)		
일	ALBERT F. DUMLER			9 Ivv	Lane	Gler	Burn	ie. N	4D 21	060		
	20a. METHOD OF DISPOSITION 1  Burlal 2 Cremation 3 Removal	from State		F DISPOSITIO		netery, crematory or			CATION — CI		n, Stata	
	4 Donetion 5 Other (Specify)		METRO	CREMA	TORY :			I	BALTIM	ORE.	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME  1 Second Ave. S.W.											
	Glen Burnie, MD 21061											
	23. PART . Enter the diseases, of come shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)		on each lina.		antar tha mo	de of dylng, suc	h ss cardiac	or respl	retory srres	t,	Approximate Interval Bett Onset and I	ween
N	Sequentially list conditions,		AS A CONSEOU									
XT	If any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH	R AS A CONSECU	JENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR	AS A CONSECU	JENCE OF):								
2	PART II. Other significant conditions c	ontributing to de	ath but not re	eulting in t	ha underivin	a ceuse given in	Part I. 24	e. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINE	DINGS
S								PERFOR	RMED?		AMILABLE PRIOR TO COMPLETION OF CAL	
							—   ×	X YES 2			OF GEATH?	0
PHYSICIAN: MEDICA							_					
Ž	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	0001741				LACE OF DEATN (Ch	neck only one)					
VSI(		OSPITAL:	R/Outpatient 3 [		THER:  Nursing Non	ne 5 🗆 Residence						
ВУ РН	27. MANNER OF DEATH  1 Natural 8 Pending  **Coccident Investigation	28a. DATE OF INJ (Month, Day, 10-5-9	JURY Year)	3:30P	28c. IN. W	DRK? YES 2/12/NO			auto,		impact	
ED E	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF IN building, atc.		ne, farm, stre	et, factory, offic		City or 1	Town State)	Dood (		oute Number, Iward Ray	mar
COMPLET	29a. CERTIFIER (Check only cost)						Lydow	inne.	Arund	el C	county,ML	)
00	X NOBECICAL EXAMINER: C	On the basis of exam	nination and/or in	westigation, t	n my opinion,			d place, an				ted.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER  Orall & Wu	ihr				OCME	MBER		29d. DATE	10-	(Month, Dev. Year)	
	30. NAME AND ADDRESS OF PERSON WHO C DONALD WRIGHT, MD			111 111	Penn S	street,Ba	ltimo	ce,MD	2120	1.		V
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		2								
	ACT 11 1990 8	min namage	in horizon								DHMN-16	Rev 1/8



DHMH-16 Rev 1/89

edical examiner must be notified at once.

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	F	王	Fled	8	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic event, the mi	

HEGISTHAN			ENIIF	TCATE	· UF	DEALL		REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)  Dale M.	D.,1.						2. DATE OF MONTH	)-10	100	MEAN	3. TIME OF DEATH $3 - 40q$
Dale M.	Dubu	QUE AGE (In yrs. Is					<del></del>		-199	<u> </u>	
008-42-6534	1 X XM 2 □ F	37	YRS.	MONTHS .	DAYS	HOURS MIN.	7. OATE OF (Month D)	753		Vern	LACE (State or Foreign
9s. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY,	TOWN O	R LOCATION OF O	EATH		9c. COU	NTY OF OE	ATH
132 South Gilm	ore Stre	et			Ba	ltimore	2				
RESIDENCE OF DECEDENT								-			
132 South Gilm RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	TON				- 1	10d. INSIDE CITY LIMITS?
PID			Ba	alti	mor	e				×	YES 2 NO
100. STREET AND NUMBER  1610 West Pra  11. MARITAL STATUS  1 Never Married 2 Merried					101	. ZIP COOE			10g. CITI	ZEN OF WH	IAT COUNTRY?
1610 West Pra	tt Stree	t				21223	2			USA	
11. MARITAL STATUS	12. WAS DECEDENT 8		RMED	13. 1	WAS DEC	ENDENT OF HISPAI		Specify Yes	or No-		- American Indian, White, etc.
3 Widowed X4XXDivorced	FORCES? 1 X IF YES, GIVE WAR		NO		f yes, sp	ecity Cuban, Mexica X X NO Specif	en, Puerlo Rice			Specify Whi	
15. OECEDENT'S EDUC	CATION	16e. D	ECEDENT'S	USUAL O	CCUPATIO	ON	16b. KI	ND OF BUS	SINESS/IND	DUSTRY	
15. OECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) UNKNO	College (1-4 or 5 +)		e. Do NOT u	work done (	during mo	at of working					
unkno			sale	es ma	ana	ger		au	to		
17. FATHER'S NAME (First, Middle, Lest)						16. MOTHER'S NA	ME (First, Mide		•		
	110116					Dorot					
19a. INFORMANT'S NAME (Type/Print)	uque		06. 84 8 11 1814	ADDRESS	/Phone at a	and Number or Rural	-			0-4-1	
Mike J. Scott											MD 04000
TITKE 3. SCOLL											MD 21223
20e. METHOD OF DISPOSITION  (VC) Burlel 2 Gremation 3 Rem  4 Donation 6 Other (Specify)	oval from State			idg	e C	metery, crematory or emetery	,	Ba	ltim		MD
21. SIGNATURE OF FUNERAL SERVICE UC	1/4/	1	Z	22.	Ste 736	rling A	shtor	Fu	nera	1 Ho	me, Inc.
iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. CAP  DUE TO (0  DUE TO (0	OS (S	SQUENCE C	SAR OF):	Co	MA				<u> </u>	Onset and Dast
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	R AS A CONSI			IM	UNODE	FICE	ENC	RON	E	
	d										<del>-</del>
PART II. Other eignificant condition						g cause given in		PERFOR	RMED?	-	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	4		OTHE		LACE OF DEATH (C/	heck only one)				
1 TYES 2 NO	1   Inpatient 2   E			4 🗆 Nur		ne 5 Residence	6 Other (8	Specify)			
Telephone of telephone	28a. DATE OF IN (Month, Day,	IJURY Year)	26b, TII	ME OF JURY M	W	PURY AT ORK? YES 2 NO	26d. DESCR	NOH BEIN	NJURY OC	CUREO	
	28e. PLACE OF building, st	INJURY — At I c. (Specify)	nome, farm,	street, tect	tory, offic	4	26f. LOCATI City or	ON (Street Town, State)	and Numbe	r or Rumil Ro	oute Number,
4 Check only one)  4 Medical Medical Medical Representation of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the determined of the											end manner as stated.
	R					29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
C. M. Huto	Q					JHER			11	0/10	2/90
30. NAME AND ADDRESS OF PERSON WHO DE CO. TUTCHEN CO.	O COMPLETED CAUSE	OF OFATH (IT	FM on G-	- Defeat						- 11	110
1176-0.71010	NSON, BU	ALCC	- IC	111,5	OF	INS HO	OPKI	NS	+10	05/1	THZ,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYG		
1. DECEDENT'S NAME (First, Middle, Last)	DAWSON	DAWSON			2. DATE OF DEATMONTH	DAY	YEAR 5:00 9 M
4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  FACILITY NAME (If not Institution, give st	1 🗆 M 2 🗡 F	83 YRS. MON	UNDER 1 YEAR ITHS DAYS CITY, TOWN	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTY (Month, Dey, Ye 7-27	-07	N. BIRTHPLACE (State or Foreign Country) VIRGINIA Y OF DEATH
ALENDENCE OF DECEDENT  THE STATE   MD   10b. COUNTY	BALTIMORE	10c. CITY, TO	WN OR LOCA	LOALTI.	MORE, 19	0.   BF	10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER  5200 EASTERA  11. MARITAL STATUS  1. Noner Married 2 Married	) ALE BA	LTIMORE	No. 10	2/21	4	10g. CITIZE	USA
3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuban, Mexica S 2 NO Specifi	n, Puerto Rican, at		4. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret HOMEMAK	done during m ired.)	ION ost of working	16b. KIND O	F BUSINESS/INDU	STRY
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  WILLIAM HUDSC	N			16. MOTHER'S NA	ME (First, Middle, M	alden Surname)	
190. INFORMANT'S NAME (Type/Print) MR. RICHARD DAW	ISON	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		and Number or Rural			
20a, METHOD OF DISPOSITION  1 🔀 Burial 2 🗆 Cremation 3 🗆 Remo	oval from State F 7	other place)  LINCOL		METERY		ASHING	ty or Town, State TON CO.
THE HOLL SERVICE LICE	Hazero	when	2525	DROWSKI	ST. BAL	TIMORE	, MARYLAND
IMMEDIATE CAUSE (Final	List only one cause on e	ech iine.			n ss cardiec or	respiratory sire:	Approximate intervel Between Onset end Desit
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF	dion	ovasev	lar Di		Years Years
that initisted events resulting in death) LAST	d. Essent	ial Hyp	erte	usion f	ron Dig	beterA	ellihu Years
Diabetes M	e contributing to death be dial in face		ne underlyli	ng ceuse given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1   Inputient 2   ER/Out	petient 3 DOA 4	THER:	PLACE OF DEATH (CA		1)	
2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY building, atc. (Spe	26b. TIME OF INJURY  Y — At home, farm, street	M 1 🗆	JURY AT ORK? YES 2 NO			RED  r Rurel Route Number,
and and	ICIAN: To the best of my know	vledge, death occurred a			a to the cause(a) an	d menner as state	d. cause(s) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES	th, or, MI			29c. LICENSE NU		1000	SIGNED (Month, Day, Year)

Bloth, of D D RSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Eastern

M. D. 5-100

Suna Daydson Andrew

F. M. Gloth 2

31. DATE FILED (MOUNT) DOCY OFF)

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September 11

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			ENTAL HYGIENE REG. NO.	90	27795
1. DECEDENT'S NAME (First, Middle, Lest)	JOHN COON	LEY DAVII	ES	] :	DATE OF DEATH DAY	1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 117-07-9038			UNDER 1 YEAR	IF UNDER 24 HRS. 7	Month, Day, Year)  5-1-191	Cou	THPLACE (State or Foreign ntry) KENTUCKY
90. FACILITY NAME (If not Institution, give GOOD SAMARITA				OR LOCATION OF DEAT MORE, MD.	(CITY)	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT		1					
RHODE ISL 10b. COUNT	Y		EACE				10d. INSIDE CITY LIMITS?  1  YES 2 NO
BOX 6670 B BRO	AD ROCK RO	AD	10	or. ZIP CODE 028			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D		13. WAS DE If yes, s 1 _ YE	CENDENT OF HISPANIC pocific Cuben, Mexican, S 2 NO Specify:	ORIGIN? (Specify Yes o Puerto Ricen, etc.)	Bla	CE — American Indian, ack, White, etc. acity: WHITE
15. DECEDENT'S EDU		18e. DECEDENT'S USI			18b. KIND OF BUSIN	NESS/INOUSTRY	
(Specify only highest gred	College (1-4 or 5+)	(Give kind of work life. Do NOT use re BUSINE:	tired.)		UNIV.	OF RHO	DE ISLAND
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Meiden Sc	ımame)	
WILLIAM W. D	AVIES			SARAH	COONLEY		
190. INFORMANT'S NAME (Type/Print) JOHN DAVIES J	R.	19b. MAILING AO 409 BI	ORESS (Street UTLER	end Number or Rural Roo ST. BRO	OKLYN, N.	State, Zip Code) Y . 112	217
20e. METHOS OF DISPOSITION 1	noval from State	other piece)		emetery, cremetory or  CREMAT		T T M O R F	Town, State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	GILL	22. NAME /	AND ADDRESS OF FACIL	JTY		
William K	? Quis I	11			NKINS AN OAD, BAL		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	MYGO SA A CONSEQUENCE OF):			MTRACELLU	LARE	Interval Between Onset and Deeth
PART II. Other aignificant condition	one contributing to death	out not resulting in t	he underlyli	ng cause given in P	24s. WAS AN A PERFORM	ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	-						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOŞPITAL:	10	28. I THER:	PLACE OF DEATH (Chec	k only one)		
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	1 Supported 2 ER/Out 28e. DATE OF INJURY (Month, Day, Year)		Nursing Ho	ORK?	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE OF INJUR	Y — At home, farm, stre		YES 2 NO	28f. LOCATION (Street en City or Town, State)	nd Number or Run	al Route Number,
(Orack Oray	SICIAN: To the best of my know VER: On the basic of examination						e(s) and manner as stated.
200. SIGNATURE AND TITLE OF CERTIFIED AND AUTOMOTIVE CONTROL OF CERTIFIED AND ADDRESS OF PERSON W	25 Pho letter	NIM Phys	int)	D1092			PED (Month, Day, Year)
Mary Betty Ste	vens, MD,	5601 Loca		en Blvd.	, Balto.	, MD	21239
7.7.7 1 1 1990	Fulia Davidson	-Mandell					

permit. Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21203

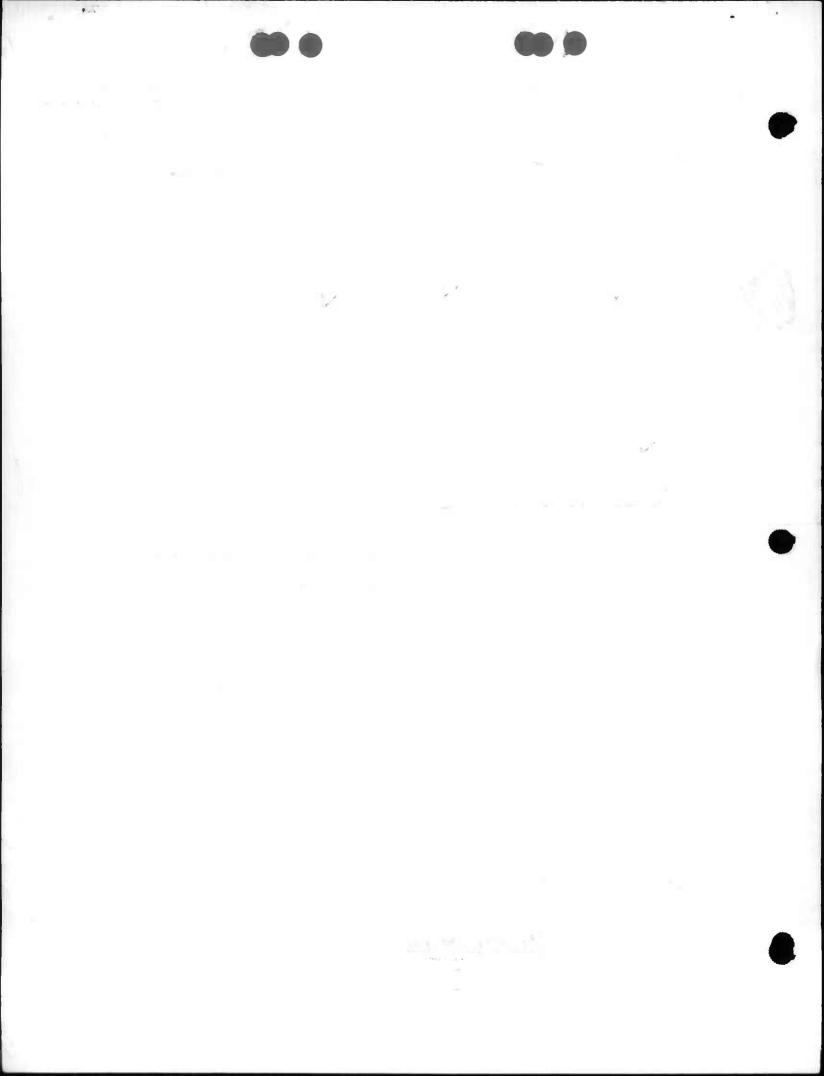
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89

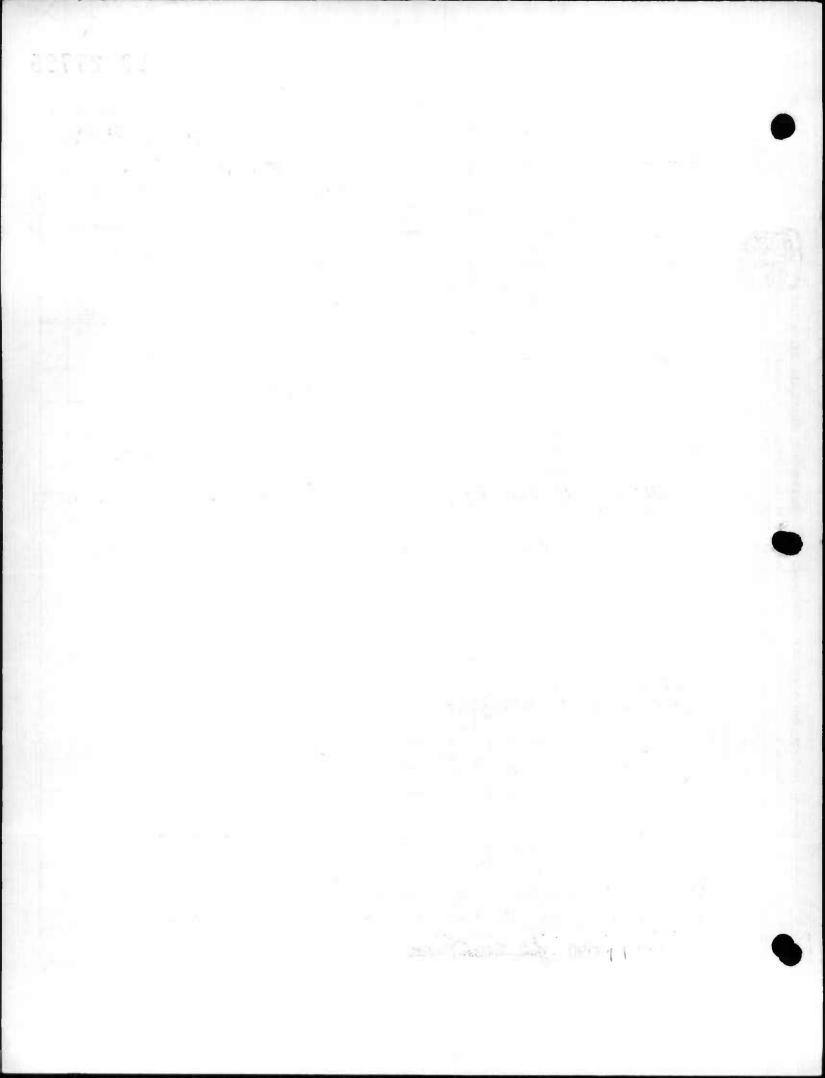
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DHMH-16 Rev 1/89

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6	ATTENDING PHYSICIAN; The law requires that the death certificate be executed within	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir s after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND C	DEPAR ERTIF	RTMENT	OF H	DEAT	AND N	MENTA	L HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) KATHERINE	R.	FORD						OCT		,199ŏ	AR	5:30 M	
	4, SOCIAL SECURITY NUMBER 577–66–1969	5. SEX 1 M 2 X F	6. AGE (In yrs. Is 87	YRS.	IF UNDER	DAYS	IF UNDER	MIN.	OCT.	of BIRTH h, Day, Year) 31,190	2	MD.		
TOR	99. FACILITY NAME (# not institution, give si 15121 TIMBERLAI RESIDENCE OF DECEDENT						NSVI	ON OF DE. LLE	ATH	9c. COUNTY OF DEATH MONTGOMERY				
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY	GOMERY			OOKE								LIMITS?	
IERAL	#1 ROCKY GLE	N COURT				101	zip cod	0833			10g. CITIZEN	OF WHA	SA	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2			If yes, sp			, Puerto	i? (Specify Yee Rican, etc.)	or No 14.	RACE	American Indian, white, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	S	ECEDENT'S Give kind of e. Do NOT u HOME	work done	during mo	ON at of worki	ng	160	. KIND OF BUS	EINESS/INDUST	OME		
BE CO	17. FATHER'S NAME (First, Middle, Last)  EARL McLEL	LAN						HER'S NAI		Middle, Maiden BRAD				
TO	190. INFORMANT'S NAME (Type/Print)  ANNE BEHRENDT		1		E AS		nd Numbe	r or Rural R	loute Num	ber, City or Tow	n, Stata, Zip Coo	ie)		
	20a. METHOD OF DISPOSITION  1 % Burlel 2 Cremation 3 Rem  4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIC		other p	OF DISPO	22.	CEME MURI	TERY EL H	ss of FA		SU FUNER	AL HOM	, MI E		
CERTIFICATION	23. PART I. Enter the diseases, or on shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. PITUIS DUE TO		ADEA EQUENCE C	V D.M. J DF):		da of dy	ing, such	a se cen	disc or respi	ratory srrest	,	Approximete Interval Between Onset and Death Uyews	
PHYSICIAN: MEDICAL CER	PART II. Other significant condition SPINAL STENO ORGANIC BRAI	ISIS			in the u	nderlyin	g cause	given in	Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	AN CO	FERE AUTOPSY FINDINGS MALLABLE PRIOR TO OMPLETION DF CAUSE F DEATH?  YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient	3 DOA	OTHE 4   Nu	R:		eeldence						
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF	F INJURY Day, Year)	265. TH	ME OF JURY M	WC	IURY AT ORK? YES 2 [	] NO	28d. DE	SCRIBE HOW I	NJURY OCCUR	ED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — At h , atc. (Specify)	nome, farm,	street, fac	tory, offic	:0			CATION (Street or Town, State)	and Number or i	Rural Rou	ite Númber,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE											suse(e) e	and manner se stated.	
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIE  M. HAMM  30. NAME AND ADDRESS OF PERSON WH	MA	JSE OF DEATH (IT	EM 27) (1/10)	e, Print)		723	ENSE NUM	1		29d. DATE SI ▶   ○ _		fonth, Day, Year)	
	Dennis M. Hannon.	Mp 18	ALL Prince			۸.	01	ren,	M	1d 10	832			
	BAT 1 1 1990		widson-A	anders	4									



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	perse on attraining manifelds. The few consists that the decide confidence he assessed within 24
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_	DATE:

	4. SOCIAL SECURITY NUMBER	5. SEX . 6.	AGE (In yrs. lest birthd	ay) IF UNDER	A 1 YEAR	IF UNDER 24 HI	I 7 DATE	OF BIRTH		BIRTHPLAC	E (State or Foreign
	239-28-2260	1 M 2 F	9 / YR	MONTHS		HOURS M	(Monti	9 - 18		Country)	NC
	MACILITY NAME (If not institution, give str	reet and number)	,	9b. CITY	Y, TOWN OR	LOCATION O	1 € /	/	-	Y OF DEATH	
BO	HOME Wood	40SpiTA	14		BI	44					
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCATIO	)N				10d.	. INSIDE CITY
E .	mD -			BAI	4					1 1	YES 2 NO
	10e. STREET AND NUMBER	1				IP CODE	2		10g. CITIZE	N OF WHAT	COUNTRY?
ER	1442 GORSU	CH AVE	-		2	120	8		_		-
BY FUNERAL	11. MARITAL STATUS 1 Newer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 I	YES 2 HNO		If yes, spec		SPANIC ORIGIN Rican, Puerto I oecily:		or No 1	Black, Wh	American Indian, lite, etc. PLACK
ETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDEN (Give kind	f of work done	during most	of working	16b	KIND OF BU	SINESS/INDU		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Iffe. Do NO	of use retired.)	,						
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	S NAME (First, I	Middle, Malden	Surname)		
BE (	ChARLIE DAV	115				DOLL	/		541	DAUL	5
6	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL			/	uyai Route Num	-	n State, Zip C	(200	8
	LO LA GARLETI 200. METHOD OF DISPOSITION		20b. PLACE OF DIS		3-ORS		AVE	134 C	CATION — CI	_	
	1 Burial 2 Cremetion 3 Ramo	oval from State	Application		EMO A	/	Parle		BA U	L	MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1. 1.21,0   0.		. ,	ADDRESS O			-44		2/2/
	> Betts Fu	esse o	11-ma		126	11 0	AROL	100 5	EL	BAL	
	resulting in death)	DUE TO (OF			use		_				
SERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OF	A A A CONSEQUENCE  A A A CONSEQUENCE  SEPSIS  AS A CONSEQUENCE  CHE	Ster							
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YES 2 1000  Number,  d manner as state- nth, Dey, Year)
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 40  27. MANNER OF DEATH  1 Astural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OF DUE TO (OF DUE TO (OF d. DUE TO (OF d. DUE TO (OF d. 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YES 2 1000  Number,  d manner as state- nth, Dey, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF DEATH

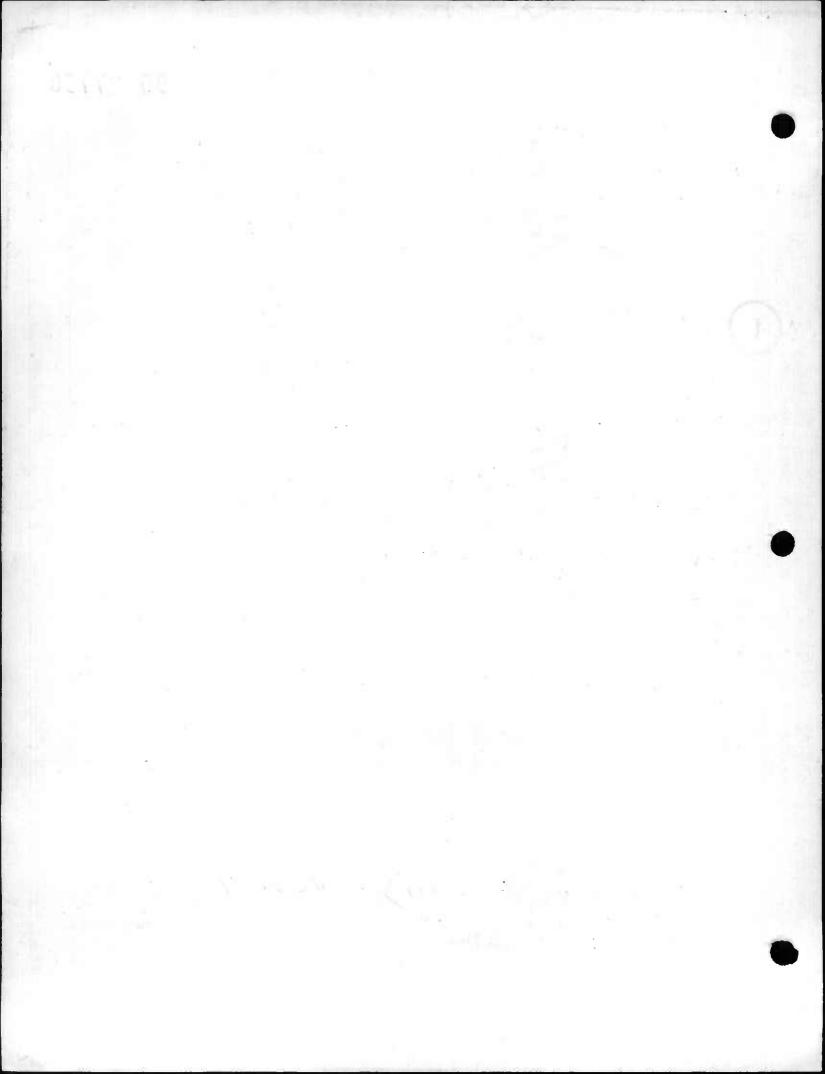
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3. TIME OF DEATH

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be remined by the inc	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be officially	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
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1. DECEDENT'S NAME (First, Middle, Las		OLITII	ICAIL OF	DEATH	REG. N		3. TIME OF DEATH	
GLADDEN, Fr					October			
4. SOCIAL SECURITY NUMBER 248 28 9486	1 M 2 D F	6. AGE (In yrs. lest birthday) 65 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURG MIN.	7. DATE OF BIRTH (Mapth, Day, Year)	24	N.C.	
VAMC, Perry Poi				Point,	Md. 21902		of DEATH Cil	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUN	ITY	10c, CI7	Y, TOWN OR LOCAT	TION			10d, INSIDE CITY	
MD		ВА	LTIMORE				1 X YES 2 NO	
100. STREET AND NUMBER 5200 CROWSON	AVE		101	21212		7,7	EN OF WHAT COUNTRY?	
5200 CROWSON		EVER IN U.S. ARMED	13 WAS DEC		VIC ORIGIN? (Specify )		4. RACE — American Indian,	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	If yes, sp		n, Puerto Rican, etc.)		Black, White, etc. Specify: BLACK	
15. DECEDENT'S E	MICATION	ARMY	USUAL OCCUPATION	DAI .	16b. KIND OF B	LICINESS /INOLI		
(Specify only highest gra Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	work done during mo use retired.)			OSINESS/INDO	oint	
9th 17. FATHER'S NAME (First, Middle, Lest)		IDALIU.	UAS &	1	ME (First, Middle, Meld	on Surname)		
ALFRED P. GLA	405 MAII IN	O ADDRESS (Charles	LULA	DYE Boute Number City or To		N. de 1		
REBA DYSON		5200	CROWS	ON AVE.	-BALTIMO	ORE, M	ND. 21212	
20e, METHOD OF DISPOSITION  1 (X) Burile1 2 Cremetion 3 Removal from State  CARRISON FOREST VET. CEM. OWINGS MILLS, MD.								
21. SIGNATURE OF FUNERAL SERVICE	L. Wil	0	EE. NAME A	ND ADDRESS OF FA	KALITY			
23. PART I. Enter the diseases, D	or complications that	caused the death. Do					at, Approximate	
23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications that List only one cause a. Esophas	caused the death. Do	not enter the mo				at, Approximate Interval Setwe	
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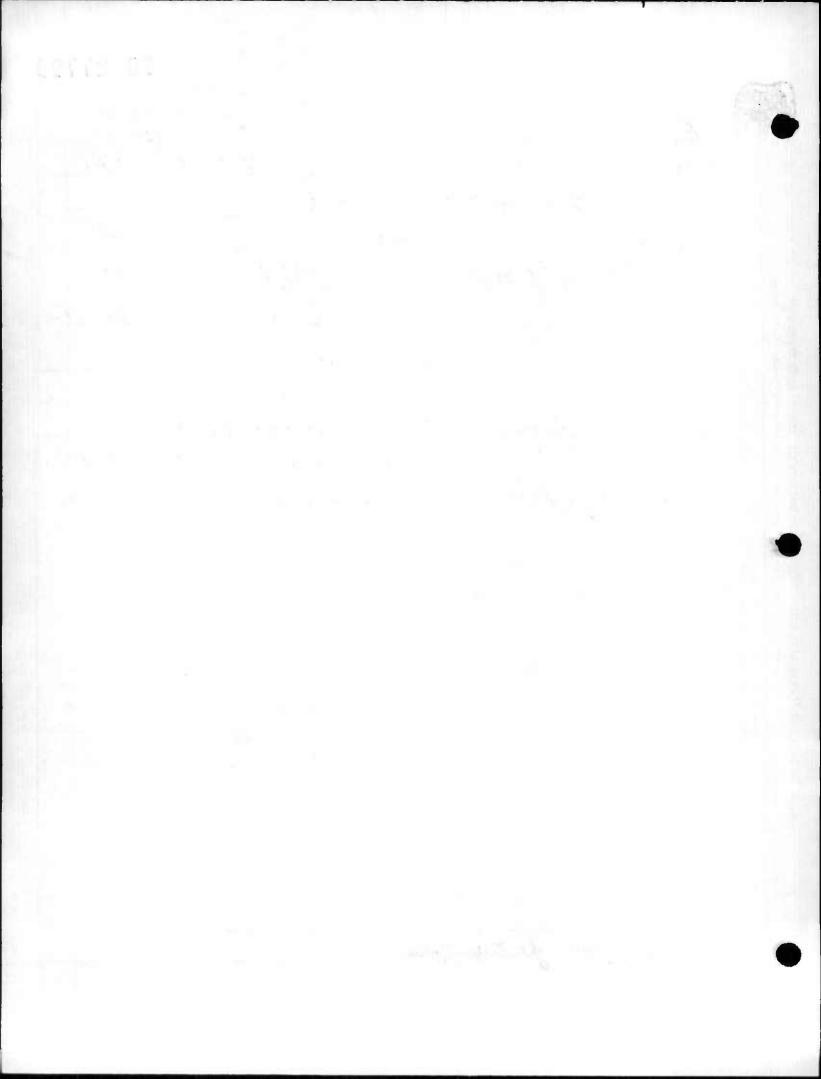
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flow a flat death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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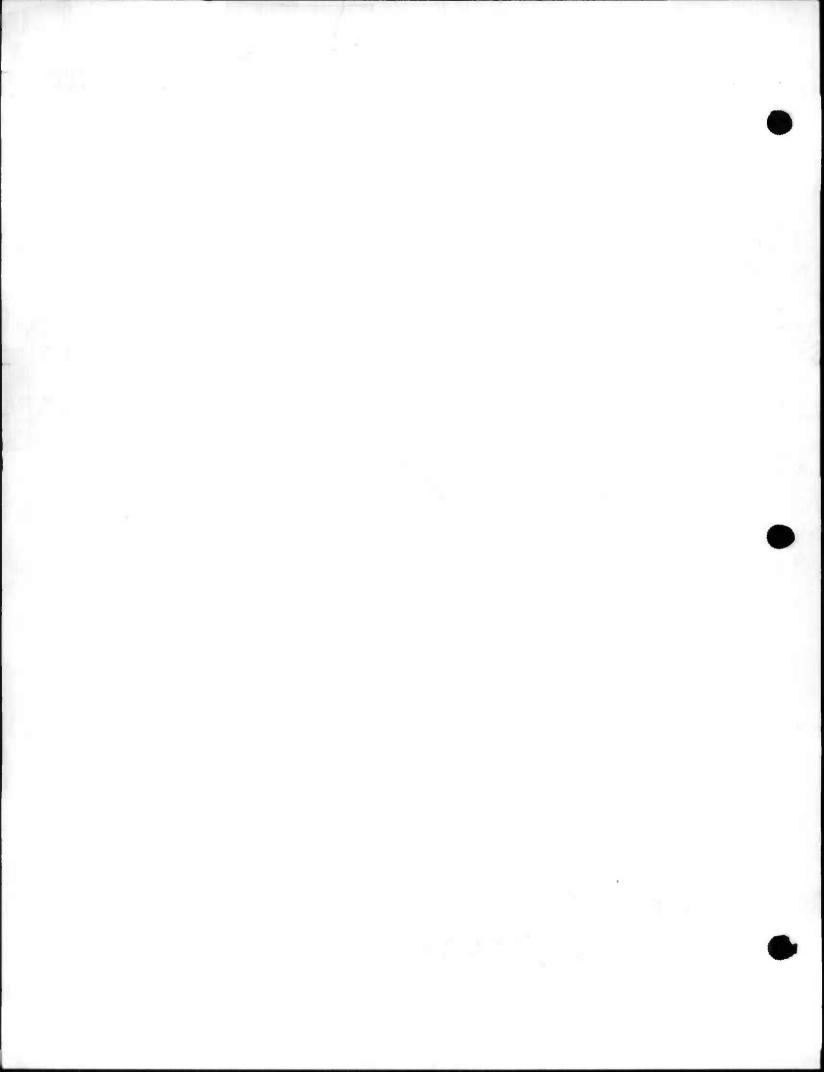
1	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND N	MENTAL HYGIENE REG. NO.					
	ELIZABETH	Gravley		2. DATE OF DEATH	3. TIME OF DEATH				
	4. SOCIAL SECRITY NUMBER 8/6-28-2/48		UNDER 1 YEAR IF UNDER 24 HRS.  NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Mar)	8. BIRTHPLACE (State or Foreign Country)				
TOR	e. FACILITY NAME (If not Artifution, give s	WRSING FROME	Balto.	ATH 9c. CO	UNTY OF DEATH				
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY				
FUNERAL	40/7/ L166	rity Algt.	101. ZIP CODE 8/20	7 10g. CI	TIZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 New Merried 2 Married 3 Widowed 4 Divorced	12. WS DECEDENT E ER IN U.S. ARMED FORCES? 1 YES 2 HAVE IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN. If yes, specify Cuben, Member 1 YES 2 No Specify:	, Puerto Ricen, etc.)	14. RACE — American Indian, Black, White, etc. Specify: PLACK				
PLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary(Set)59(647) 10-127		done during most of working	16b. KIND OF BUSINESS/II	NDUSTRY				
BE COMPL	TT. PATHER SMARKE (First, Missin, Last)	17. FATHER SHAME (First, Middle, Maiden Surname)							
108	Suardian 1	Rostorum 196. MAILING AD	DRESS (Street and Number of Rural R	oute Number, City or Town, State,	neet				
	1 & Burtal 2 Cremation 3 Rem 4 Donation 9 Other (Specify)	Meste	ON (Name of cametery, crymatory or	20c LOCATION	La Ule Ma.				
	21. SIGNATURE OF FUNERAL SERVICE LI	Dille	Sele Mi	Tex #/H	Brackway				
	23 PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications that caused the death. Do not List only one cause on each line.	enter the mode of dying, auch	as cerdisc or respiratory s	Approximate Interval Between Onset and Death				
	disease or condition resulting in death)	a. DUE TO (OR AS A CONSEQUENCE OF):							
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
ERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):	Mmongo	0.0004					
AL CE	PART II. Other algnificant condition	d.		Part I. 24s. WAS AN AUTOPS					
MEDIC				PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		28. PLACE OF DEATH (Che	ock only one)					
YSIC	1 TYES 2 NO	1   Inpatient 2   ER/Outpatient 3   DOA   4	THER: Nursing Home 5 - Residence						
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME O INJURY	Y WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW INJURY O					
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)	et, factory, office	281. LOCATION (Street and Numb City or Town, State)	er or Hural Houte Number,				
COMPLETED	one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowledge, death occurred a ER: On the basic of examination and/or investigation, i							
TO BE	296, SIGNATURE AND TYTE OF CERTIFIE	- VD	D 3	99d. D.	ATE SIGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WH	10 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	, 2-14.	mD 21	215				
	OCT 1 1 1990	Julia Davidson-Randell	N. A.		DHMH-18 Rev 1/89				



BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending prins	<ul> <li>by the funeral director, page 5 should be detached for use as the burn emoval.</li> </ul>	dical examiner must be notified at once.	TO BE COMPLETED BY FI
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physical properties of the propriet or attending physical properties of the propriet or attending physical properties or attending physical properties or attending physical properties or attending physical properties or attending physical properties or attending physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the human he find within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY BHYSICIAN: MEDICAL CERTIFICATION

FOR 1 STATE		STATE OF N	IARYLAN	D / DEPAR	RTMEN	T OF I	HEALTH	AND	MENTA	L HYGIEN	E C	0	27800
REGISTRAR				CERTIF	ICAT	E OF	DEA	ГН	_	REG. NO			
1. DECEDENT'S NAME (Firs		- J							MONT	OF DEATH	AY	YEAR	3. TIME OF DEATN
Roy	Edwa				7	ligh	T		10	7		90	1:30 F
4. SOCIAL SECURITY NUM		32 _		rs. last birthday)	MONTHS	DAYS	IF UNDER	MIN.		OF BIRTH (h, Day, Year)	007	Counti	
212-22-22			63	YRS.						116,1			ginia
90. FACILITY NAME (If not i							OR LOCATI	ON OF DI	EATN			NTY OF D	
305 E. JOR	opa Roa	ad - Apt.	1607			Tows	on					Balt:	imore
10a. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
Maryland	Ba1	timore		ТС	wso	n							LIMITS?
10e. STREET AND NUMBER		ozmoz o_		1 20	71100	-	H. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
305 E. J	орра	Rd., Ap	t. 16	507			2120	4			U.	S.A	
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13					N? (Specify Yes		14. RAC	E — American Indian,
1 Never Married 2		FORCES? 1	AR OR DATE	2 NO			pecify Cubi			Rican, atc.)		Spec	k, White, etc.
3 Widowed 4 X Div	orced		II										White
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8			P	rivat	е п	ives	stig	ato.	r I	etect	ive	Age	ency
17. FATHER'S NAME (First,								Middle, Maiden	Surname)				
Daniel G			Mary McCarthy										
194. INFORMANT'S NAME	Type/Print)									nber, City or Tow			17363
M. France		es		28 F	Iigh	lan	d Ma	nor	Dr	., St	ewar	artstown, PA	
20g METNOD OF DISPOSI	Burdal 2 Crametton 3 Demount from State 0000/ 00000					TION (Name of cametery, cremetory or 20c. LOCATION — City or Town, State				own, State			
4 Donetion 5 Other	_ Mi	ddlet						Fre	eela	nd,	MD		
21. SIGNATURE OF FUNER		11/	22	NAME /	AND ADDRE	SS OF F	ACIUTY	in Mo	20111	277	Tna		
1 Hick	4- ()	X -111	1/01	W									,PA 17349
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediets YING jury ST	b	(OR AS A CO	ONSEQUENCE ONSEQUENCE	OF): OF):					24a, WAS AI			b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE
	nerricus								Head			OF DEATH? 1 X YES 2 □ NO	
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			1071		PLACE OF	DEATN (C	heck only	one)			
1X YES 2 □ NO		1 Inpatient 2	ER/Outpati	lent 3 🗆 DOA	OTHI 4 □ N		ome 6 🕮	Residence	6 🗆 Ott	her (Specify)			
27. MANNER OF DEATH	2000	26e. DATE O (Month,	F INJURY Day, Year)		IME OF NJURY	28c. II	NJURY AT VORK?		26d. D	ESCRIBE NOW	INJURY O	CCURED	
Netural 8 2 Accident	Pending Investigation				М	1 [	YES 2	□ NO					
A [] A 414	Could not be determined	28e. PLACE building	OF INJURY — , etc. (Specify	- A1 home, ferm	n, street, fr	actory, of	lice		281. LC	CATION (Street by or Town, State	et end Number or Rural Route Number, te)		
Crisck only —		SICIAN: To the best of											(a) and menner ee stated
296. GENATURE AND TIT	E OF CENTRE	ER					29c. Li	CENSE N	UMBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
1 / / (	2X	$\sim$						CME				10	0/8/90
Ann M. D:	ixon, l	NO COMPLETED CAI M.D. — DE	puty	Chief	pe, Print)	111	. Peni			Balto	, MD		SS
31. DATE FILED (Month, De OCT 1		32. REGISTA	AR'S SIGNAT	Randell	41								

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within accounts after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use has made within 20 hours after death with the State Dent, of Health and Mental Hivilene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)					OF OEATH		3. TIME OF DEATH			
- 1	Roland Hannibal	ibal JR October 10, 1990						5:52PM M			
- 1	(Month Day Van) Country							RTHPLACE (State or Foreign untry)			
- 1	251-50-4740 18M2		YRS. MONTHS	DAYS HOURS M		-9-3	5	SC			
_	5 FACILITY NAME (If not institution, give street and num	iber)		, TOWN OR LOCATION (			9c. COUNTY O	F OEATH			
E I	Maryland General Hosp	ital	BA	LTIMORE C	ITY						
EC	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY			
DIRECTOR	mD -	Mariana.	B	ALT				1 VES 2 NO			
	10e. STREET AND NUMBER			10f, ZIP COOE			10g. CITIZEN O	F WHAT COUNTRY?			
FUNERAL	1715 E1 32 m St			212-10	5		US	A			
5		ECEDENT EVER IN U.S. ARI		WAS DECENDENT OF H			or No- 14. R	ACE — American Indian, lack, White, etc.			
BYF		GIVE WAR OR DATES		If yes, apecify Cuban, M 1 TYES 2 100 S		rican, etc.)		neoffice.			
		40. 05/	OFOCUTIO HOUSE O	ACCUPATION :	1 489	VIII 05 0101		BLACK			
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)	(Gh	CEOENT'S USUAL C ve kind of work done Do NOT use retired.)	during most of working	166	. KIND OF BUSI		Co.			
ן ב	Elementary/Secondary (0-12) College (1	(-4 or 5+)	LAbo	12		CX	P 7	ELEPONE			
50	17. FATHER'S NAME (First, Middle, Last)				S NAME (First,	Middle, Malden S					
	ROLAND HANNIBA	Lou	1156	BOW	MAN	HANNIBAL					
BE	19e. INFORMANT'S NAME (Type/Print)	/ / 196	. MAILING ADDRES	S (Street and Number or I	Bural Route Num						
임	ELLA MAE HAN	NIBAL 1	7/5 E.	3224 3	st 8	44	MP	21213			
	20a. METRIOD OF DISPOSITION  1										
	4 Donation 5 Other (Specify)	ARBU	TUS M	EMORIAL	PARI	K B	SA 4 1	mD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  2.72.13										
	Bette funeral Home 1129 N. CAROLINE ST BALT.										
	23. PART I. Enter the diseases, or complication shock, or heart fellure. List only of			the mode of dying,	such se car	diac or reapir	atory arrest,	Approximata Interval Between			
	IMMEDIATE CAUSE (Final							Onset and Death			
	disease or condition Pe										
		DUE TO (OR AS A CONSEC	DUENCE OF):								
S	Sequentially list conditions, b.	DUE TO (OR AS A CONSEC	WENCE OF								
F	If any, leading to immediate cause, Enter UNDERLYING	שני איני איני איני איני איני	TO (OR AS A CONSEQUENCE OF):					į			
윤	CAUSE (Disease or Injury that initiated events	OUE TO (DR AS A CONSEC	QUENCE OF):								
CERTIFICATION	resulting in deeth) LAST										
	SART II Other shouldness and disease contribu	Alexander de desta le conse			- In Book I	I		1			
K	PART il. Other significant conditions contribu	iting to daeth but not r	esulting in the u	ndenying ceuse give	n in Part I.	24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE			
ă						1   YES 2	₽ NO	OF DEATH?			
×							1	1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEAT	M Mhaat anti-						
힐	EXAMINER? HOSPIT		OTHE	R:							
PHYSICIAN: MEDIC		lent 2 ER/Outpatient 3 DATE OF INJURY	28b. TIME OF	rsing Home 5 Resid			city) E HOW INJURY OCCURED				
	1 Natural 8 Pending	(Month, Day, Year)	INJURY	WORK?							
B	2 Accident Investigation 3 Suicide & Could not be 28e.	PLACE DF INJURY — At ho	me, farm, street, fa		28f. LO	CATION (Street a	nd Number or Ru	iral Route Number,			
ᇤᅵ	4 Homicide 8 Could not be determined	building, etc. (Specify)			Ch	or Town, State)					
9	29a. CERTIFIER  Chack only  CERTIFYING PHYSICIAN: To the	a heat of my knowledge, de	ath occurred at the	time data and place on	d due to the ci	use(s) and man	ner as stated				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the b							ise(s) and menner as stated.			
	29b, SIGNATURE AND TITLE OF CERTIFUM	,		29c, LICENS				NED (Month, Day, Year)			
BE	02/15			N/A				7-11-90			
임	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TED CAUSE OF OEATH (ITE	M 27) (Type, Print)	IV/ F	•		10	// /0			
	Dan Sack, M.D.	c/o	Maryland	General H	Ospita	1					
		EGISTRAR'S SIGNATURE			1						
- 1	0071 1 1990 July	in theirdren-Rom	1.00								

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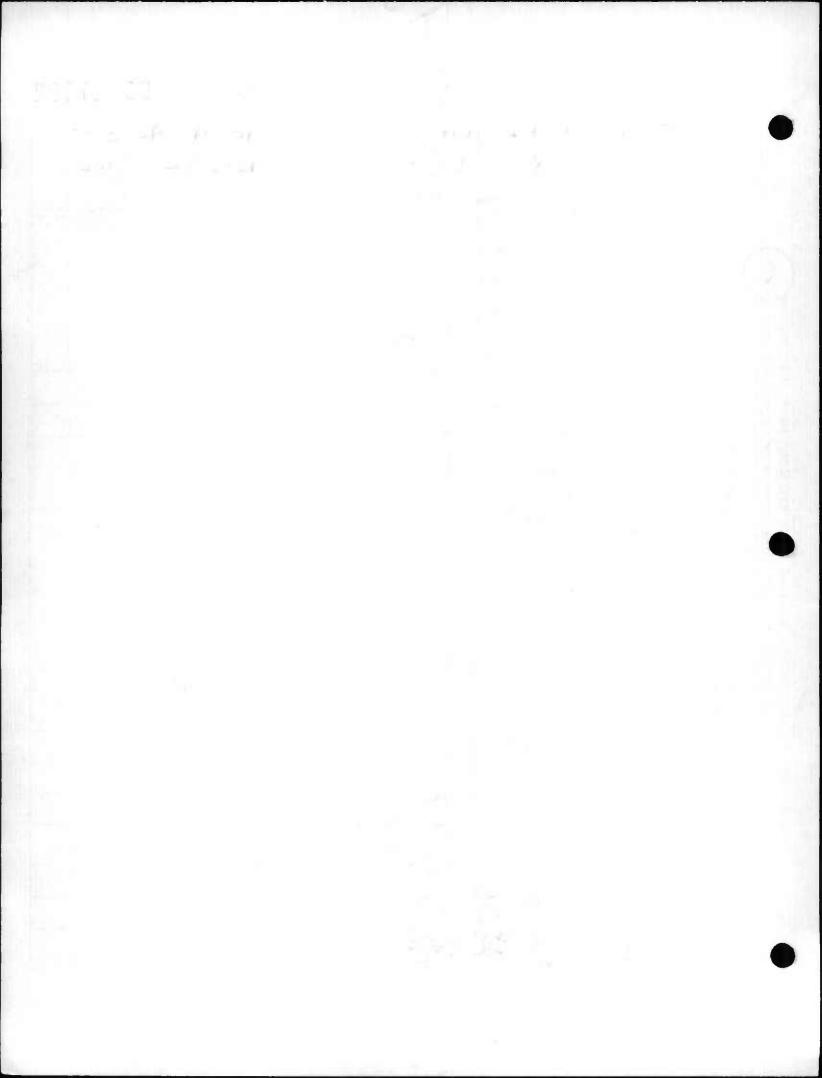
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending an execution of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the s	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the number of season with the Gran Bart of Marian Horison prior to buries cheen with the Gran Bart of Marian Horison prior to buries cheen with the Gran Bart of Marian Horison prior to buries common or removal
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II. Pages 1, 2, 3 should TO BE COMPLETED BY FUNERAL DIRECTOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

90	2	7	8	0	2
	-		-	-	- Birmin

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND		YGIENE EG. NO.	90 27802		
1. DECEDENT'S NAME (First, Middle, Leat)	Iter Hol	+ JR		2. DATE OF I	DEATH	year 525		
213-20-1021 A	1 X M 2 🗆 F 5	7 YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF B (Month, Day	6-32	Country)		
9a. FACILITY NAME (II not institution, give atm Un-12R-17TY  RESIDENCE OF DECEDENT	2 Maryland		Baltimae	EATH		Y OF DEATH		
10a. STATE 10b. COUNTY Maryland			tmore			10d. INSIDE CITY LIMITS?  1  YES 2 NO		
100. STREET AND NUMBER  2033 Madison A	Ave.		101. ZIP CODE 2 1 2 1 7		10g. CITIZE	N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 XXNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE Jan 53 to	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	an, Puerto Ricar		4. RACE — American Indian, Bleck, White, atc. Specify: Black		
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT use ret	done during most of worldng	18b. KIN	D OF BUSINESS/INDUS			
17. FATHER'S NAME (First, Middle, Last)		Driver	18. MOTHER'S N.		Gillier e, Melden Surname)	ays Pharmac		
John W. Holt,  19a. INFORMANT'S NAME (Type/Print)	Sr.	19b. MAILING AO	Isab  ORESS (Street and Number or Rural	ella l Route Number, C		iode)		
Isabella Holt  20. METHOD OF DISPOSITION 10 Squifel 2 Cremetton 3 - Remo	vel from State		Madison Ave.  No (Name of comotory, crematory or		20c LOCATION - CH			
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  4 DONATURE OF FUNERAL SERVICE LICE	Ar		emorial Par) 22. NAME AND ADDRESS OF FE 2501 Gwynn Baltimore,	s Fal:	tter Fun Is Parkw	av		
23. PART I. Enter the diseases, or coshock, or heert fellure. Le immediate CAUSE (Finel disease or condition resulting in death)	lst only one cause on sec	th line.		ch se cerdiec	or respiratory street	Approximats Interval Between Onset and Deat		
Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C							
PART II. Other significent conditions	contributing to deeth but	t not resulting in ti	ne underlying ceuse given le		L. WAS AN AUTOPSY PERFORMEDY YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Propertient 2 ER/Outpat		26. PLACE OF DEATN (C		naolfid			
27. MANNER OF DEATN  1, Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	F 28c, INJURY AT		BE HOW INJURY OCCU	UREO		
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, stc. (Specify	- At home, farm, street	rt, factory, office	281. LOCATIO City or To	et. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
anal and			t the time, data and place, and du n my opinion, deeth occured at th					
296. SIGNATURE AND TITLE OF CERTIFIER	A mo		29c. LICENSE NI	IMBER	29d. DATE:	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO DAMEL Skiest	r vaw	it mo	Hospital I	Arm	an m	21201		
31. DATE FICED (Month, Dily, Year)	22. REGISTRAR'S SIGNAT	Pandelle						



DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlated led writin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bruital, cremation, or removal.

IMPORTANT: If fam 28 is marked, or Item 23 shows any Injury. Or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYL REGISTRAR							
3	1. DÉCEDENT'S NAMÉ (First, Middle, Last)	0006			DATE OF DEATH	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In the last birthday)	IF UNDER I YEAR		DATE OF BIRTH (Month, Day, Year)	C.	RTHPLACE (State or Foreign	
	578-68-9345 1 D M 2	/ O YRS.	MONTHS DAYS	1000	My 28.	1920	Md.	
œ	9e. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEATH	/	9c. COUNTY O		
18	RESIDENCE OF DECEDENT			timore Cit	Y	N/		
DIRECTOR	100. STATE 10b. COUNTY		Y, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	Md. N/A	В	altimore 101	ZIP CODE	-	10g. CITIZEN C	1 YES 2 NO	
FUNERAL	5410 Frederick AveBalto	Md.		21229		U. 8	S. A.	
15	11. MARITAL STATUS  1	N U.S. ARMED		ENDENT OF HISPANIC C		or No — 14. R	ACE — Americen Indien,	
BY	3 Widowed 4 Divorced IF YES, GIVE WAR OR D	N/A	1 TYES	2 NO Specify:	N/A	s	White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION	N st of working	16b. KIND OF BU			
<u> </u>	Elementary/Secondary (0-12)	ille. Do NOT u	hool Tea	ohom	N/	/^		
OMe	17. FATHER'S NAME (First, Middle, Last)	50	HOOT Tea	18. MOTHER'S NAME (				
BE C	Mervil F. Hooper			Esther	Gauhan			
10	19m, INFORMANT'S NAME (Type/Print)			nd Number or Rural Route			´ I	
	J. Donald Hooper  20 METHOD OF DISPOSITION 10-12-90 20	b. PLACE OF DISPO		ick AveE		CATION - City of		
	1 P-Buriel 2 Cremetion 3 Removal from State	other place) Lorraine				ilto.,Co		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	Baltimore	Nationa	al Pike		
	G. Truman Schwab			imore, Md.				
	23. PART I. Enter the diseases, or complications that cause shock, or heart fellure. List only one cause on		not enter the mo	de of dying, such a	cardiac or resp	Iratory arreat,	Approximate Interval Between	
			<b>F</b>	1 1 1	Α.		Onset and Death	
	resulting in death)  e. Cacuani  DUE TO (OR AS	A CONSEQUENCE O	10 <i>J</i> U	nerastar	i'c dis	ease		
z	immediate Cause (Finel disease or condition resulting in death)  e. Cactural Due to (or as b. Metasta)  Due to (or as b. metasta)  Due to (or as b. metasta)	tic od	enocor	cinomo	of un	Kuswn.	e com	
Ę	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE O	F):		V			
FIC	CAUSE (Disease or Injury C.	A CONSEQUENCE O	CE OF):					
CERTIFICATION	resulting in death) LAST							
AL CI	PART II. Other significant conditions contributing to death	but not reaulting	In the underlying	cause given in Par			24b. WERE AUTOPSY FINDINGS	
S	Bowel obstruction				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC							1 TYES 2 NO	
AN	AT AND OLOF DEFENDED TO MEDICAL		20 70					
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:  1 YES 2 NO 1 Inpetient 2 ER/Out	netient 3 🗆 DOA	OTHER:	e 5 Residence 8				
H	27. MANNER OF DEATH 28- OATE OF INJURY (Month, Dey, Year)	28b. TIA	IE OF 28c. INJ		d. DESCRIBE HOW	INJURY OCCURE	D	
BY P	1 Natural 5 Pending 2 Accident Investigation			ES 2 NO				
	3 Suicide 8 Could not be 4 Hemicide 8 Could not be determined 28e. PLACE OF INJUR	Y — At home, farm, ic/fy)	ome, farm, street, factory, office 28f. LOCATION (Str City or Town, S			eet end Number or Rural Route Number, tate)		
COMPLETED	29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my known	wledge, death occur	red at the time, date	and place, end due to t	he cause(e) end ma	inner ee stated.		
OM	one) 2 MEOICAL EXAMINER: On the basis of examinate	on end/or investigati	on, in my opinion, d	eath occured at the time	, date end place, e	nd due to the ceu	se(e) end manner ee stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	)		29c. LICENSE NUMBE	R	29d. DATE SIG	NEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	o, Print)		04:	1/25		
	VINCENTO GRIPPO 900 Cato	u ave	S. Apust	estatel 19	ellimor	MD		

18 * 7. * 8 The same of the same TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO				
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF OEATH MONTH D	AY	YEAR	3. TIME OF OEATH	
	Paul Robert Ho	llinger				October 9				M
	4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. lest birthde	y) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH	1770	8. BIRTI	IPLACE (State or Foreign	$\neg$
	216 76 9397	1 🖫 M 2 🗆 F	31 YRS	MONTHS DAYS	HOURS MIH.	(Month, Day, Year) 11/25/58		Do 1 +	nore	- 1
	9a. FACILITY NAME (If not institution, give at	reet and number)	31	9b. CITY, TOWN	OR LOCATION OF DI			NTY OF D		$\dashv$
FUNERAL DIRECTOR	126 Wiltshire Ro	ad		Essex			Balt	imo	re	
ב	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	,	10e. (	CITY, TOWN OR LOCA	TION			_	10d. INSIDE CITY	$\dashv$
E									LIMITS?	
_	Maryland Baltin  100. STREET AND NUMBER	ore		Essex	of, ZIP CODE		10a CIT	IZEN OF I	WHAT COUNTRY?	$\dashv$
HA				"			log. Of		MAI COUNTAIN	
Ä	126 Wiltshire Roa		IT EVER IN U.S. ARMED	40 1110 05	21221	NIC ORIGIN? (Specify Ve	**-	II.S	A	$\dashv$
	1 X Never Married 2 Married	If yes, a	pecify Cuban, Mexico	in, Puerto Rican, etc.)	a or No-	Biac	k, Whita, etc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES TO	1 U YE	S 2 NO Specif	y:		Spec	White	ı
	15. OECEDENT'S EQU	CATION	16a. DECEDEN	T'S USUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/IN	DUSTRY	WILLE	$\dashv$
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	Me Do NO	of work done during n T use retired.)	ost of working					
PLI	10	College (1-4 of 5	Cook			Daintean				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		I LOOK		18. MOTHER'S NA	Restau ME (First, Middle, Meider				$\neg$
	Horace T. H	lollinger			Emr	ma E. McM	uller	1		_1
BE	19a. INFORMANT'S NAME (Type/Print)			ING AODRESS (Street	<del></del>	Route Number, City or Tox				$\dashv$
6	Emma Canary	(mother	126 1	Jiltshire	Road Ba	ltimore Ma	rv1ar	nd 21	1221	
	20a, METHOD OF DISPOSITION		20b. PLACE OF DIS		emetery, cremetory or		CATION -	_		$\dashv$
	1 S Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	Oak Lawn	Lawn Cemetery Baltimore, Mar					arvland	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	_ Todic Edwin		AND ADDRESS OF FA		TIIIOI	البوت	aryrand	$\dashv$
	<b>▶</b> 1)	0	-/			uneral Hom				
_	Jams 12	yon	Me						yland 2122	21
	23. PART I Enter the diseases, or shock, or heart failure.			o not entar the m	loae of aying, aud	on an cardiac or reap	eratory at	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition			0000-00			100		Onaet and Dea	ath
	resulting in death)		WAL "YNR		LE "I DNO	fue cam	CER		8 Me	2
		DUE TO	(OR AS A CONSEQUENCE	E OF):						
NO	Sequentially list conditions,	b	OR AS A CONSEQUENCE	OF					-	
F	If any, leading to immediate cause, Enter UNDERLYING	502 10	(On AS A CONSEQUENCE						İ	
5	CAUSE (Disease or Injury	c	OR AS A CONSEQUENCE	E OF):						-
Ē	that initiated events resulting in death) LAST		. =	1 15						
CERTIFICATION		d								
	PART II. Other aignificant condition	e contributing to	daath but not resulti	ng in the underlyi	ng cause given in		N AUTOPSY	24	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO	38
DICAL						1 _ YES	2 0		COMPLETION OF CAUSE OF DEATH?	1
									1   YES 2   NO	
PHYSICIAN: ME						-			_	
SA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)				=
S	1   YES 2   X		☐ ER/Outpatient 3 ☐ DO	OTHER:	ome 5 🗆 Rasidenca	6 Other (Specify)				
H	27. MANNER OF DEATH	26a. DATE O (Month,	F INJURY 28b. Day, Year)	TIME OF 28c. II	NJURY AT VORK?	28d. DEŞCRIBE HOW	INJURY O	CCUREO		
BY	1 Natural 6 Pending 2 Accident Investigation		23. 02	M 1	YES 2 NO					
EDE	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At home, fail, etc. (Specify)	m, street, factory, of	lice	28t. LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,	
I	4 Homicide determined									
COMPLET	29a. CERTIFIER (Check only	ICIAN: To the best of	of my knowledge, death oc	curred at the time, da	ita and place, and du	e to the cause(a) and m	anner aa st	ated.		
M	000) -/1//	ER: Og the basis of	examination and/or investig	ation, in my opinion	, death occured at th	e time, data and place, a	and due to	the cause	(a) and manner as stated.	١.
	29b. SIGNATURE AND THE OF SENTINE				29c, LICENSE NU	IMBER	29d. DA	TE SIGNE	O (Nonth, Day, Year)	$\dashv$
BE	/1/200	020	2				•	18	111/90	
9	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CA	USE OF DEATH (ITEM 27)	Type, Print)				(0	1111	
- 7					1. 11c 1.	0.0.01			-	
	A. GOLD		JDM AR'S SIGNATURE ADM-RANGARZ		1D 2120	OSPITAL	60	DO N	. WOLFE S	M.

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an flori after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

9	n	27	8	1	-
and the	U	Son F	0		_

1. DECEDENT'S NAME (First, Middle, Li										
000000	nst)					2. DATE OF			3. TIME OF DEATH	
UUE000	L.	Jenni	nas			Oct	. 8, 1	990		
4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest birt		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			IPLACE (State or Foreign	
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	1 🗆 M 2 💢 F	Transfer of the second	VRS. MONTH		HOURS MIN.	(Month, D	ny, Ybar)	Count	(Y)	
248-52-8472		55 '					4/1935	S.	Carolina	
9a. FACILITY NAME (If not institution, gi	ive street and number)		9b. C	TTY, TOWN	OR LOCATION OF DE	EATH	9c. O	OUNTY OF D	EATH	
40 North Mor	lev Stree	+		Ba 1 +	imore					
RESIDENCE OF DECEDENT	ICY DUICE	C		Dar	TIMOLE			-		
10a. STATE 10b. COL	UNTY	10	Dc. CITY, TOW	N OR LOCA	TION				10d. INSIDE CITY	
Maryland	Maryland Baltimore							LIMITS?		
	Daiti							1 X YES 2 NO		
10e. STREET AND NUMBER				10	M. ZIP CODE		10g. (	CITIZEN OF Y	WHAT COUNTRY?	
40 North Mor	lev Stree	t			21229		1 1	J. S.	Α.	
11. MARITAL STATUS										
1 Never Married 2 XMarried		If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:			Yes or No— 14. RACE — American Indian, Black, White, etc. Specify:					
3 Widowed 4 Divorced	IF YES, GIVE WA	H DH DAIES		1 L TES	S 2   NO Specif	у:		Spec		
15, OECEDENT'S	EDVICATION	44. DEOCH	ENT'S USUAI	000000		L ann are			Black_	
(Specify only highest g		(G/ve k	tind of work do	ne during m	oat of working	100. KI	ND OF BUSINESS	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)									
		Cust	odiar	1		Ci	ty of 1	Balti	more	
17. FATHER'S NAME (First, Middle, Last)	)				18. MOTHER'S NA		fle, Meiden Surnem			
Samuel Jenki	ns				Mary (	200120				
	110	1000	A M 44 = 2 = =							
19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
Preston Jenn	ings	40	Nort	h Mo	orley St	t. B	altimo	re, N	ID 21229	
20a. METHOD OF DISPOSITION		20b. PLACE OF I			metery, cremetory or		20c. LOCATION			
1 Buriel 2 Cremetion 3 2 5 4 Donation 8 XOther (Specify)		+ Arbus	tua N	(omor	cial Day	w.l.	Do 1+i	M O M O	Co., MD	
21. SIGNATURE OF FUNERAL SERVICE		y Albu	cus r	10 HAVE A	Lai Fai	L K	IDaici	nore	1 Homes,	
I SIGNATORE OF TOTAL SERVICE	LEGENGEE			22. NAME A	ADDRESS OF PA	Nu	tter Fi	unera	II Homes,	
Las hers	· 5 m.	STI		2501	Gwynns	s ral	Is Pari	cway		
23. PART I. Enter the disesses,	W	0,00,0	-		imore,				Approximate	
immediate Cause (Finel disease or condition resulting in death)  s. My hade blooklas formy multiples me Due to (or as a consequence of):						great				
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Sequentially list conditions,	b	DR AS A CONSEQUE	NCE OF):						-	
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Julia Davidson-Randelle

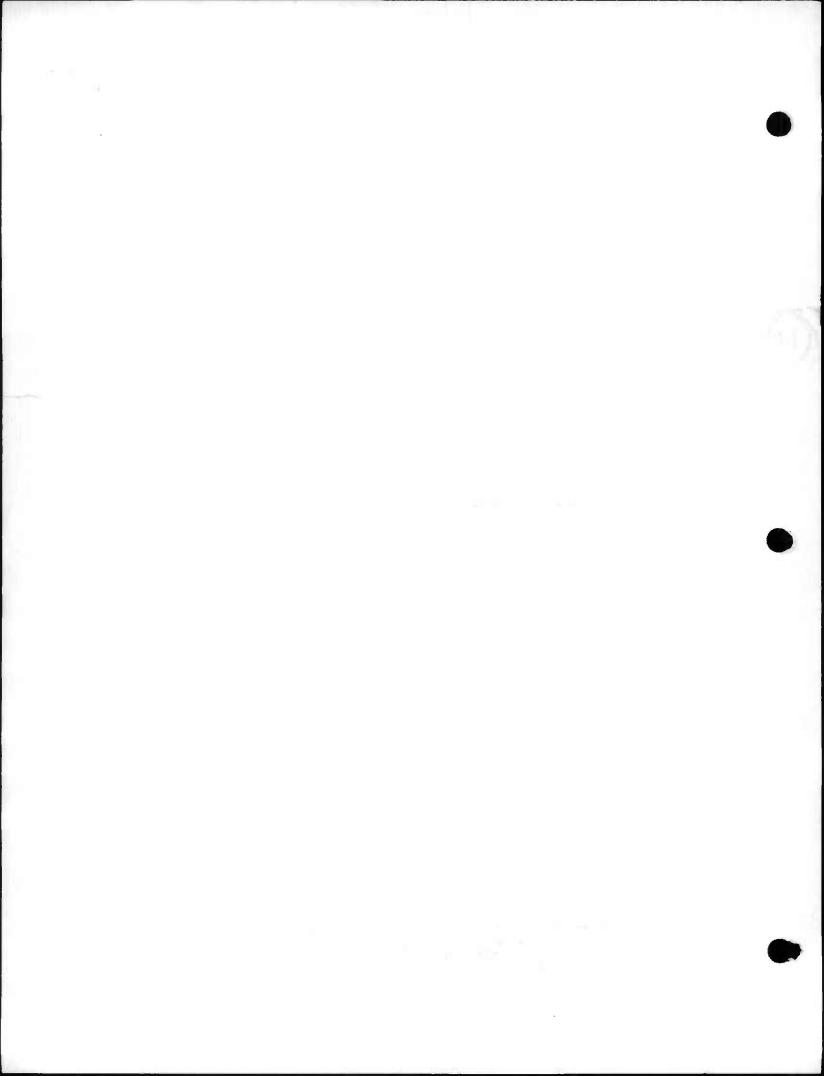
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27806 90

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last) Harold	James				2. C	October 10		AR 3. TIME O	P DEATH M
	4. SOCIAL SECURITY NUMBER 206–07–7917	5, SEX 6, AGE (In yrs. last birthdsy)   F UNDER 1 YEAR   IF UNDER 24 HRS. 7, DATE OF BIRTH (Month, Day, Year)   Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Country Countr					BIRTHPLACE (Sta Country) Pennsylva			
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						,,,,,
2	6114 Marietta Avenue			Baltimore				City		
DIMECTOR	Maryland 106. COUNT				10c. CITY, TOWN OR LOCATION  Baltimore City				10d. INSIDE CITY LIMITS?  1 X YES 2 NO	
4	04. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COU	
LONER	6114 Marietta Avenue  11. Marital Status  12. WAS DECEDENT EVER IN U.S. ARI			21214  MED 13. WAS DECEMBENT OF HISPANIC ORIGI			IIGIN? (Specify Yes or No. 14, RACE - A			an Indian.
ā	1 Never Married 2 Married 3 Wildowed 4 Divorced	2 NO PATES	NO If yes, specify Cuben, Maxican, Puerto Ric				(Specify Yes or No— 14. RACE — American Indian Black, White, stc. Specify: White			
COMPLEIED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	(Give kind of wo life. Do NOT use	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUS				
S S	12 17. FATHER'S NAME (First, Middle, Last)		Time Anal	yst	18. MOTH	ER'S NAME (F	Crown Con			
2 2	William Bryson James					rah Byrn				
2	198. INFORMANT'S NAME (Type/Print) Mr. James T. Paschall						number, City or Town			
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Ren	novel from State	b. PLACE OF DISPOSI other place)						or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		iddletown Me		E AND ADDRES			<u>jetown,</u>	Maryland	
	· Michael	Buck		Leon	ard J. Ri	uck, Ind	c. 5305 Ha	rford Ro	oad 21214	
	23. PART i. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel	Emplications that cause List only one cause on a	eech line.						Inte	proximate erval Between set and Death
	disease or condition resulting in death)	. MITCHS	tatic	Lon	alce	11 00	accino	mg	0	12 yrs
2	Sequentielly list conditions,	brain metustases 2 yrs							415	
N N	if any, leading to immediate cause. Enter UNDERLYING	c	A CONSEQUENCE OF						į	
CERTIFICATION	that initiated events resulting in death) LAST									
AL C	PART II. Other algnificant condition						i. 24a. WAS AN PERFOR		AVAILABL	TOPSY FINDINGS E PRIOR TO
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								2   10		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	Home ST Be					
	27. MANNER OF DEATH	MANNER OF DEATH  28a. DATE OF INJURY (Month, Day, Year) (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED								
red BY	2   Accident   Investigation   3   Suicide   8   Could not be determined	28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)				_	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
	29a. CERTIFIER (Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check or Check									
COMPLE	one)	one) Ser ICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.							ner as stated.	
TO BE	KHUSU	2100	EATH STEM OF CO.	Oriot)	$D_{i}$	368	514	10	101	90
	31. DATE EILED (Month, Day, Year)	amell) 225. Greene St. Battimore Met 21791							12001	
	OCT 1 1 1990	guha Davidson	- Handell			_				DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE	STATE OF MARYLAND / I			MENTAL	HYGIENE	2	7807
REGISTRAR  1. OECEDENT'S NAME (First, Middle, Last)  ARE Q			JOHNSON	2. DATE OF			ME OF OEATH
4. SOCIAL SECURITY NUMBER ZZZ - 12-462. I	5. SEX 6. AGE (In yrs. lest	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF (Month, I		BIRTHPLACE Country)	E (State or Foreign
	treet and number) GII Noursing Ho		town or location of di	1	4, Mel K	of DEATH Levt	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT 10c.	eut	10c. CITY, TOWN	OR LOCATION OULUG				INSIDE CITY LIMITS? YES 2   NO
10e. STREET AND NUMBER 203 N. Lag	tou Ave		101. ZIP CODE	34	10g. CITIZEN	OF WHAT	
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES YOUNG IF YES, GIVE WAR OR OATES		WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 YES 2 AO Specif	en, Puerto Ric		RACE — AI Black, Whit Specify: V	merican Indian, ia, etc.
15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION (Giv completed) 16a. DEC (Giv College (1-4 or 8 +)	EDENT'S USUAL Of the kind of work done to NOT use retired.)	during most of working		lome	TRY	
17. FATHER'S NAME (First, Middle, Last)  CLIN RLO W	L.				ddle, Melden Sumame)		
19a. INFORMANT'S NAME (Type/Print) Brit'LeCompt		MAILING ADDRES	s (Street and Number or Rural c 263 Che	Route Number	r, City or Town, State, Zip Co	2162	20
20e. MEPHOD OF DISPOSITION 1 Description 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State Holly	WOOD	nme of cematery, cremetory or		Harring		
21. SIGNATURE OF BURERAL SERVICE LI	DENSEE	22.	rader Fun	eral			
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each line.	breas	r the mode of dying, aud			i	Approximata Interval Betwee Onset and Deal 5
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	b						
PART II. Other algnificant condition	na contributing to death but not re	eaulting in the u	nderlying cause given in		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	COM OF E	E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   inpatient 2   ER/Outpatient 3	OTHE	26. PLACE OF DEATH (C				
27. MANNER OF OEATH  P Natural 8 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	_	CRIBE HOW INJURY OCCU	RED	
2 Accident arrestigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At hor building, etc. (Specify)	ne, farm, street, fa	otory, offica	28f. LOCAT City of	TION (Street and Number or r Town, State)	Rural Route	Number,
(Crieck Only	SICIAN: To the best of my knowledge, det ER: On the basis of examination and/or is						manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIC			29c. LICENSE NU		29d. DATE 8		nth, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH (ITEM	1 27) (Type, Print)	······································				

31. DATE FILED (Month, Day,

1990

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MED. BLAG.

OHMH-18 Rev 1/89

CHEST ERTOUR,

3. TIME OF DEATH

5:14

8. BIRTHPLACE (State or Foreign

MASSACHUSETTS

AM

**DHMH-18 Rev 1/89** 

1. DECEDENT'S NAME (First, Middle, Last,

A SOCIAL SECURITY NUMBER

016-34-8325

ROBERT DANA KNOWLTON

9a. FACILITY NAME (If not institution, give street and number

5. SEX

1 M 2 F

MONTHS

YRS.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

95 CITY TOWN OR LOCATION OF DEATH

DAYS

8. AGE (In vrs. last birthday)

YEAD 1990

9c COUNTY OF DEATH

2. DATE OF OEATH MONTH

7. DATE OF BIRTH

6

23.

1946

OCT

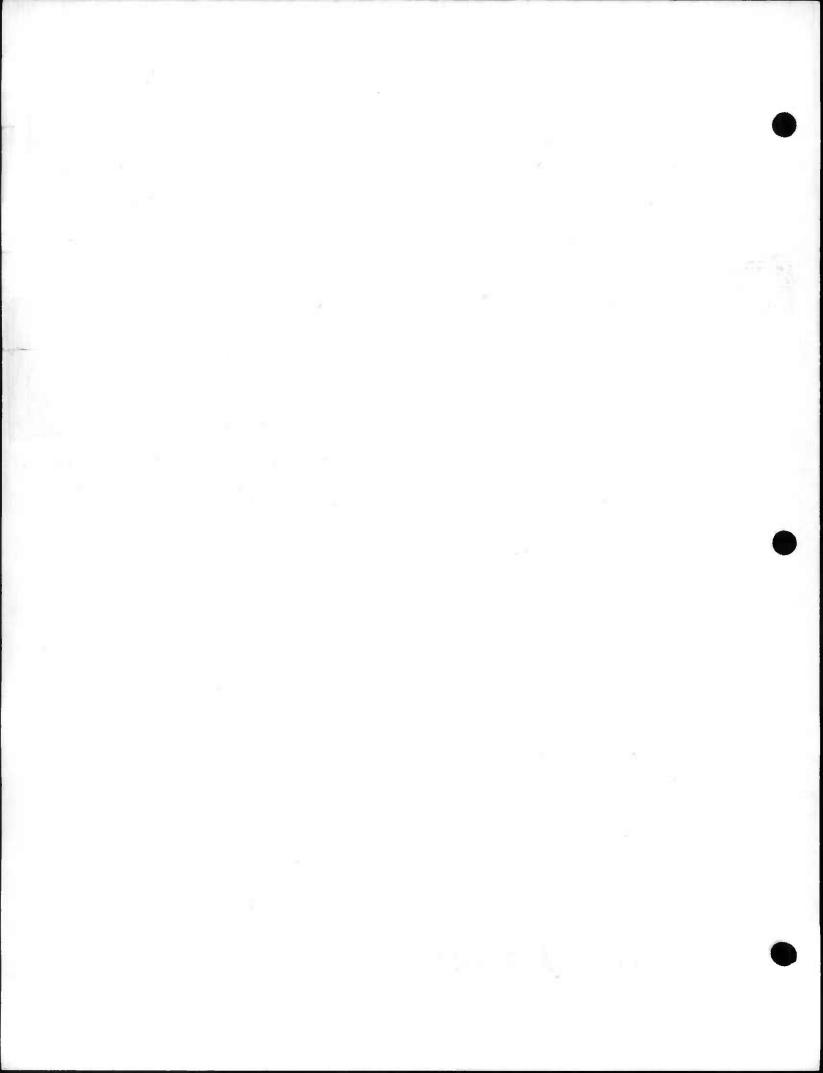
FEB

HOSPITAL

DIRECTOR NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY 10c. CITY, TOWN OR LOCATION VIRGINA FAIRFAX VIENNA 1 YES 2 NO 10e STREET AND NUMBER 10f. ZIP CODE 10a, CITIZEN OF WHAT COUNTRY? 9512 SCARAB 22182 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 X YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced 1969 TO NOV 1989 WHITE ETED. 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 8+) COMPL 5+ CIVIL ENGINEER U. S. Government once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME /First Middle Maiden Sumame at DANA BOWMAN KNOWLTON DORTHY GENEVA FIEFIELD BE notified 19a: INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 JAYNE ELIZABETH KNOWLTON 9512 SCARAB, VIENNA, VA 22182 pe 20c. LOCATION — City or Town, State 20e. METHOD OF DISPOSITION

1 Survival 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or must 1 XBurial 2 Cremation 3 4 Donation 5 Other (Specify) Arlington National Cemetery Arlington, Virginia examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Money & King Vienna Funeral Home, Inc. necona uspea 171 W. Maple Ave., Vienna, Va. medical Approximate 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory arrest, interval Between ahock, or heart fallure. Liet only one ceuse on each ilne. **Onset and Death** IMMEDIATE CAUSE (Fine) the disease or condition . MULTIPLE ORGAN SYSTEM FAILURE resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF). traumatic NO Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 10 Injury, PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMILABLE PRIOR TO COMPLETION OF CAUSE any 1 KYES 2 NO OF DEATH? Shows 1 TYES 2 ME NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Пeт HOSPITAL:
1 M Inpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 - Nursing Home 5 - Residence 8 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be DIRECTOR: 4 Homicide datermined 28 ET COMPL 1 🔀 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) end menner as stated. FUNERAL within 72 h 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated. IMPORTANT: SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER THE See BE Kuyan LT, MC, USNR ▶ 06 Oct 90 566546 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) NATIONAL NAVAL MEDICAL CENTER M. RYAN, LT, MC, USNR BETHESDA, MD 20889-5000 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE OCT 1 1 1990



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ne runeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and compretely lilled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospi

nsit permit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYLAND	DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI REG. NO.	90	21809
ļ	1. DECEDENT'S NAME (First, Middle, Last)	Melvin		Lee	2. DATE OF DEATH BA 10-10-9	Y YEAR	3. TIME OF DEATH  1:34PM M
	4. SOCIAL SECURITY NUMBER 2 18-58-7705  90. FACILITY NAME (If not institution, give st	5. SEX 1 SM 2 F 3 6. AGE (In yrs. In reet and number)	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN. ITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year)  -2	9c. COUNTY OF	md.
TOR	University Hospit	tal		Baltimore Cit	y		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY TOW 13G	N OR LOCATION			10d. INSIDE CITY LIMITS? 1***YES 2 \( \) NO
FUNERAL	10e. STREET AND NUMBER  () / C lens  11. MARITAL STATUS	12. WAS DECEDENT EVENIN U.S. A		10f. ZIP CODE  2/2  13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yea	or No.— 14. R/	F WHAT COUNTRY?  ACE — American Indian,
BY FI	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, specify Cuben, Mexic 1 YES 2 NO Speci		200	eck, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (i	ECEDENT'S USUAL Give kind of work do to. Do NOT use retire	ne during most of working	18b. KIND OF BUS	INESS/INDUSTR	
BE COMF	17. FATHER'S NAME (First, Middle, Last)	Lee	NVIR P	19. MOTHER'S N	AME (First, Middle, Maiden	Sumame)	V
10 8	Shippermant's NAME (Typerprint)	is lee	6 17	ESS (Street and Number or Flural	Route Number, City or Town	Ball	hd, 2/2/2
	20e. METHOD OF DUPOSITION 1	oval from State	E OF DISPOSITION	(Name of comptens crestatory or	h 20c. LO	CATION - City of	Mr. d-
	21. SIGNATURE OF FUNERAL BERVICE LIC	Douglas	v	22: NAME AND ADDRESS OF E	culloh c	Sa rui	ce
	23. PART I. Entar the diseases, or of ahock, or heart fallure.	complications that caused the d		ter the mode of dying, au	ch aa cardiac or reapi	ratory arrest,	Approximsta interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Gunshot wound	of ches	st and left h	and with co	omplicat	Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONS	EOUENCE OF):				
CERTIFICATION	CAUSE (Disease or Injury thet initieted eventa resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition	a contributing to death but not	resulting in the	underlying ceusa given i	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \( \subseteq NO
N.							
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.★★★★★ 2 □ NO	HOSPITAL: †∰npatient 2 ☐ ER/Outpatient		28. PLACE OF DEATH (C HER: Nursing Home 8 - Residence			
	27. MANNER OF DEATH  1 Natural 5 Pending	280. DATE OF INJURY (Month, Day, Year) 10-7-90	28b. TIME OF INJURY 4:00P	28c. INJURY AT WORK?	28d. DEŞCRIBE HOW I		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At 6 building, etc. (Specify)		factory, office	Subject s  281. LOCATION (Street of City or Fown, State)  2200 bloom	ond Number or Au	orth Ave.,
COMPLET	and and	CIAN: To the best of my knowledge, on the basis of examination end/o		ha time, date and place, end do	Baltimore, I	nner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CENTURE			29c. LICENSE NI	UMBER	29d. DATE SION	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHEFERETTI, MC				·		
	31. DATE FILED (Month, Day, Year)			- Dercet , Da	Termore, MD	717 VI	
	OCT 1 1 1990	gula Davidoon-Rom	action -				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO		
- 1	1. DECEDENT'S NAME (First, Middle, Lest)	•			2. DATE OF DEATH		3. TIME OF DEATH
ľ	MILES	W		LYONS , Sr.		10.1990	7:30 A. M
-1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BURTH	6.00	IRTHPLACE (State or Foreign
	108-18-2903	1 № M 2 □ F 6		MONTHS DAYS NOURS MIN.	3-4-1925	5	V.Y.
	9a. FACILITY NAME (If not institution, give atr	eet and number)		9b. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY C	OF DEATH
	4029 Relwood Ave			Baltimore			
ίΙ	4029 Belwood Ave.			Darcinore			
ا يُ	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
5	Maryland		Bal	timore			1 X YES 2 NO
١	10s. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
1	4029 Belwood Ave.			21206		U.S.A.	
Ĕ	11, MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Ye	e or No.— 14. F	RACE — American Indian,
	1 Never Married 2 🕅 Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 X NO	If yes, specify Cuben, Maxi	can, Puerto Rican, etc.)		Black, White, etc.
	3 Widowed 4 Divorced	IF 1ES, GIVE WAR OR	DATES	1 La 2 M no spe	ony.	W	hite
	16. DECEDENT'S EDUC		16a. DECEDENT'S	JSUAL OCCUPATION	16b. KIND OF BU	SINESS/INDUSTR	RY
	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w	ork done during most of working retired.)			
	12 Yrs.	consign (1-4 of 5+)	Chef		Restaur	rant.	
E	17. FATHER'S NAME (First, Middle, Last)		01101	18. MOTHER'S	NAME (First, Middle, Maider		
5	Miles W. Lyons				Hillas		
N N	19a, INFORMANT'S NAME (Type/Print)	,	19h MAII ING	ADDRESS (Street and Number or Rur		vn State Zin Code	0)
2	Helen D. Lyons			elwood Ave., B			·
		1 2		ITION (Name of cometery, cremetory of		OCATION — City	or Town State
	20a, METHOD OF DISPOSITION  1 Of Burlel 2 Cremation 3 Remo	oval from Stata	Dullanev V	alley Cem. 10	_13_90 Tin	nonium	Md
	4 Donation 5 Other (Specify)	ENGEE	buraney v	22. NAME AND ADDRESS OF		iorra diri,	110.
	21. SIGNATURE OF FUNERAL SERVICE LICE ROY H. Cathe	er		22. HAME AND ADDITED OF	Baltin	more, Mo	d. 21214
ď	Royst. Ca	then		Leonard J. F			
$\neg$	23. PART I. Enter the diseases, or c						Approximete
	shock, or heart failure. I	List only one cause on	each lina.				Interval Batween Onset and Death
	disease or condition	m/10	Cardial	· larction			
	disease or condition resulting in death)	DUE TO OR AS	Cardial S A CONSEQUENCE OF	infarction			
	disease or condition resulting in death)	DUE TO FOR AS	Cardial S A CONSEQUENCE OF	marction	eulan du	vane	
NO.	Sequentially list conditions,	DUE TO (OR AS	CALCULA S A CONSEQUENCE OF	infarction pronout vas	cular du	<u>ra</u> se	
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO FOR AS	CAUDAL B A CONSEQUENCE OF S A CONSEQUENCE OF HOWARD	infarction pronaul vas	ular du	<u> </u>	
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF LOSO S A CONSEQUENCE OF	pronary vas	cular du	XQX	
KIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF ENSION S A CONSEQUENCE OF	pronary vas	ular du	RAN	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF LNS/ON S A CONSEQUENCE OF OH C SY	pronout vas			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A PLANT a contributing to death	S A CONSEQUENCE OF	pronout vas	In Part I. 24a. WAS A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  ALPM  Contributing to death  ALPM  A contributing to death	S A CONSEQUENCE OF LNS/ON S A CONSEQUENCE OF OH C SY	pronout vas	In Part I. 24a. WAS A	N AUTOPSY PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A PLANT a contributing to death	S A CONSEQUENCE OF	pronout vas	in Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition CONCESTIVE  25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A CONTRIBUTING TO GENT E LEAST A LUME	S A CONSEQUENCE OF	n the underlying cause given	In Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
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CERTIFIER (Check only)	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	S A CONSEQUENCE OF  LOS A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQU	on OLUMENT CAUSE GIVEN  The underlying cause given  The place of Death OTHER:  4   Nursing Home \$1   Resident E OF URY WORK?  M   1   YES   2   NO  street, factory, office	In Part I. 24a. WAS A PERFC  1 YES  Check only one)  26 Other (Specify)  28d. DESCRIBE HOW  28f. 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M 1 YES 2 No  Attreet, factory, office  In, in my opinion, death occurred at  Print)	In Part I. 24a. WAS A PERFC  1 YES  Check only one)  26 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(a) and muthe time, data end place, in	N AUTOPSY PRIMED? 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO.	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DE ATHY  1 YES NO  Rural Route Number,
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent condition  CONCENT OF CONCENTS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DU	S A CONSEQUENCE OF  S A CONSEQUENCE OF  OTIC SUP  In but not resulting is  A CONSEQUENCE OF  OTIC SUP  DUID NOT TO SUP  A CONSEQUENCE OF  OTIC SUP  DUID NOT TO SUP  A CONSEQUENCE OF  DUID NOT TO SUP  A CONSEQUENCE OF  DOA TO SUP  A CONSEQUENCE OF  DOA TO SUP  A CONSEQUENCE OF  DOA TO SUP  OEATH (ITEM 27) (Type.  OO Mannas	on OLUMEN:  In the underlying cause given  A PLACE OF DEATH  OTHER:  4 Nursing Home Streeten  WORK?  M 1 YES 2 No  Attreet, factory, office  In, in my opinion, death occurred at  Print)	In Part I. 24a. WAS A PERFC  1 YES  Check only one)  26 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(a) and muthe time, data end place, in	N AUTOPSY PRIMED? 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO. 2 NO.	AMALABLE PRIOR TO COMPLETION OF CAUSE DE DE ATHY  1 YES NO  Rural Route Number,

burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-75 urs after death. Page 6 may be retained by the host TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached tilled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hos

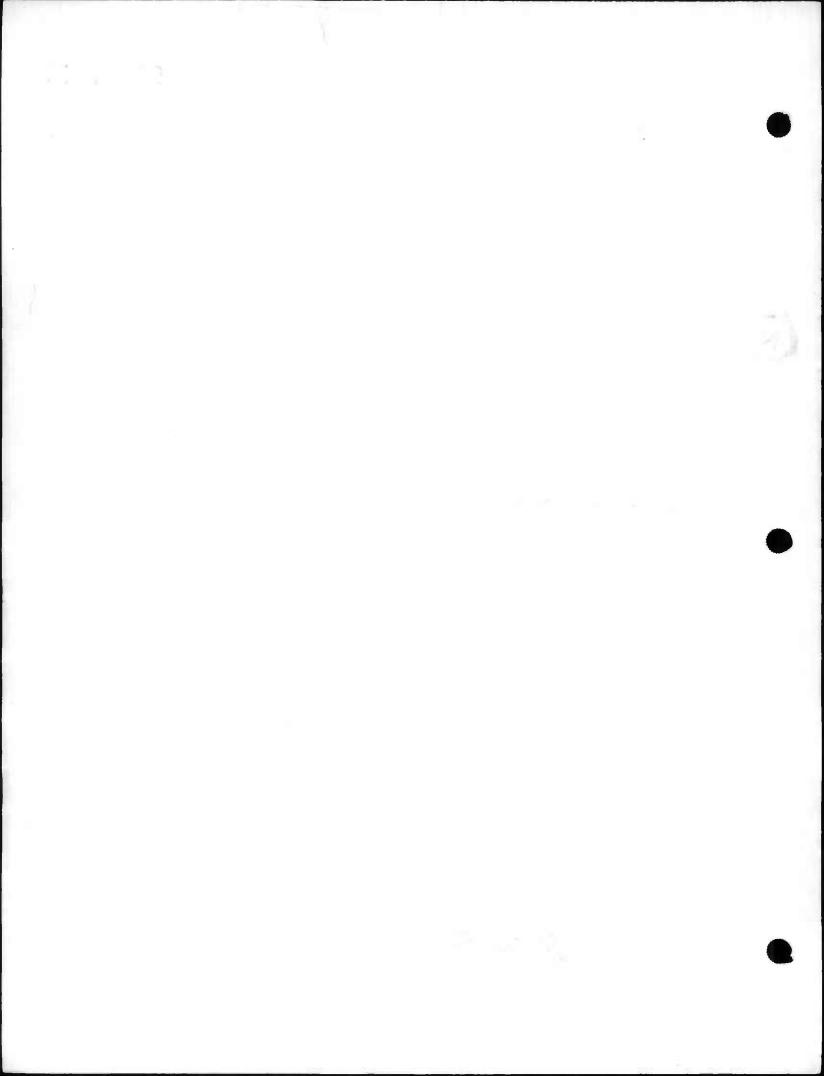
BALTIMORE, MARYLAND

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTO

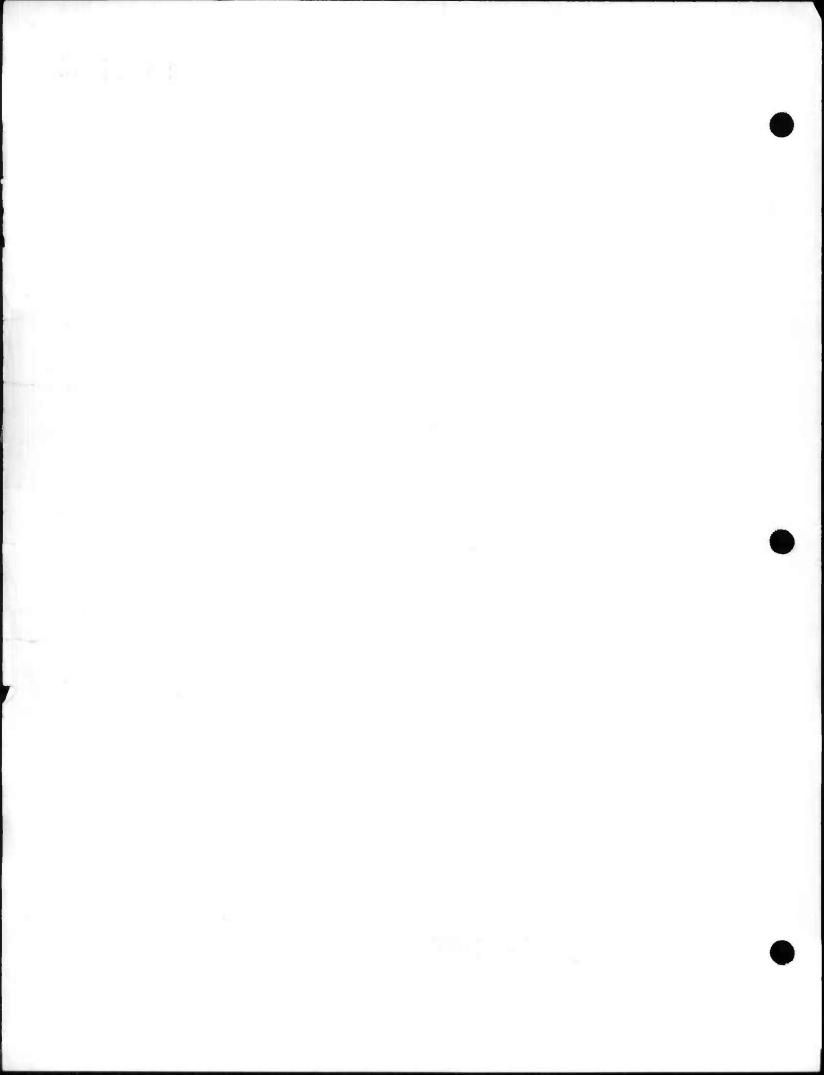
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		SIAIL OF I	CE				DEATH	MEMA	REG. NO.					
1. DECEDENT'S NAME (Firs	t, Middle, Last)								E OF DEATH			3. TIME OF	DEATH	
Em	ma McC	00						OCT	ober 7		O	2:4	5 A	м
4. SOCIAL SECURITY NUM 220-18-5		5. SEX	8. AGE (In yrs. lest		IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	E OF BIRTH th, Day, Year)	1.1	8. BIRTH Counti	• •		
9a. FACILITY NAME (If not i	institution, give s	street and number)	70		9b. CIT	Y, TOWN	OR LOCATION OF D		13/19		INTY OF D	Carc	<u> 11n</u>	<u>a</u>
Maryland G	anoral	Hognita	1		ъ.	743.								
RESIDENCE OF DE	CEDENT						nore, Cit	- y						
Maryland	10b. COUNT	Y			.,	nore,	City					10d. INSIDI LIMITS 1 X YES	37	
10e. STREET AND NUMBER						10	f. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNT	FRY?	$\neg$
301 McMe	chen	Street	Apt.	1116			21217				U.	S. A		
11. MARITAL STATUS 1 Never Married 2XX	XMarried .	12. WAS DECEDEN	T EVER IN U.S. AR	MED		If yes, sp	CENDENT OF HISPA secify Cuban, Mexico 3 2 NO Specific	en, Puerto		or No—	14. RACI Blac Spec	E — America k, White, atc.	n Indian,	
3 Widowed 4 Div		1									<u> </u>	Bla	ck	
	CEDENT'S EDU nly highest grade (0-12)		(Gi		work don	OCCUPATION DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P	ON ost of working	16	b. KIND OF BUS	BINESS/IN	DUSTRY			
			Do	mest	ic				Priva	te I	Tami	l v		
17. FATHER'S NAME (First, I							18. MOTHER'S NA		Middle, Maiden	Surname)				
Warren		derson					Kati	.e						
19a, INFORMANT'S NAME	(Type/Print)						and Number or Rural				ip Code)	Balt	imoı	re
George E							n St.	Apt				land	213	217
20e_METHOD OF DISPOSI ADABurial 2 Cremeti 4 Donation 5 Other		noval from State	- Mary	ece)			metery, cremetory or L. Mem.	Parl			- City or To		nd	
21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			2	2. NAME A	ND ADDRESS OF F	ACILITY	Nutte	r Fi	iner	al H	omes	5,
> Her	heat	E. m	ther			2501	Gwynns imore,	s Fa	lls P	arkv	vay 1216			
23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert feilure.	a. Conge		eart	Fai			UII ES CO	rollec of resp	ratory a		Inter	roximata vai Batv et and D	veen
Sequentielly list condiff any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediata YING Jury	c. Oligu	nary Eden on as a consec ria Rena on as a consec cillin R	l Fa	iluı		ph_Aureu	ıs						
PART II. Other signific	ant conditio	ns contributing to	death but not a	resulting	in the	underlyln	ng cause given in	Part i.	24a. WAS AN PERFOI	PMED?	24	AMAILABLE COMPLETIO OF DEATH?	PRIOR TO	
												1 TYES		
25. WAS CASE REFERRED	TO MEDICAL		-			28. P	LACE OF DEATH (C	heck only	one)					
EXAMINER?		HOSPITAL:	☐ ER/Outpatiant 3	DOA	OTH	ER:	me 6 - Realdence							
27. MANNER OF DEATH	Pending	26a. DATE O		28b. TII		28c. IN	JURY AT	_	ESCRIBE HOW	INJURY O	CCURED			
2 Accident	Investigation  Could not be determined	28e. PLACE	OF INJURY — At he, atc. (Specify)	ome, farm,	street, f		YES 2 NO		OCATION (Street ity or Town, State		er or Rural	Route Numbe	H,	
one)	25 ON 646	SICIAN: To the best of										(a) and mann	or sa stat	ed.
29b. SIGNATURE AND THE	ail	de	M. I	) .			29c. LICENSE NO	JMBER		29d. D/	TE SIONE	D (Month, De	y, Year)	
30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	JSE OF DEATH (ITE	M 27) (Typ	e, Print)						-	1		
				CO	mar	ylan	d Genera	1 ho	apital					
31. DATE FILED (Month, De	y, Year)	22 AEGISTN	ATTE TOWNSLINE	i i										





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		In burial-transit permit. Pages 1, 2, 3 should		
3563 3146	or the physician.	変形を対象		AND
BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Progr. 8 may be removed by Improve	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction page 5 should be defined by		ust be notified at once a
BALTIMO	in 24 hours after death. Page 6	ity filled in by the funeral direct	lation, or removal.	3 shows any injury, or other traumatic event, the medical examiner must be notified at or
P.O. BOX 13146,	ath certificate be executed within	ttending physician and complete	tal Hygiene prior to burfal, crem	, or other traumatic event,
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	N: The law requires that the de-	ficate has been signed by the al	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	Item 23 shows any injury
DIVISION OF V	PITAL DR ATTENDING PHYSICIA	ERAL DIRECTOR: After this certif	n 72 hours after death with the	IMPORTANT: If item 28 is marked, or item 23 s
	TO THE HOS	TO THE FUNE	be filed within	IMPORTAN

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
i	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEAT	гн
ľ	WILLIAM ALBERT	MAGE	1=	OCT 5 19	790 2126	м
	1201111		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Fr	omian
1	2110-24-2494 154:20 =	62 YRS. MO	NTHS DAYS HOURS MIN.	April 16, 19	928 Maryland	
R	9a. FACILITY NAME (If not institution, give street and number) Peninsula General Hospital	91	Salisbury, MD	ATH 9c	Wicomico	
DIRECTOR	RESIDENCE OF DECEDENT					
Ĭ Ĭ	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY	1
5	Maryland Worcester	Berli	in		1 TYES 2XX	(NO
ارا	10e. STREET AND NUMBER		10f. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?	
FUNERAL	9921 Harrison Road		21811		U.S.A.	
5	11. MARITAL STATUS  1 Never Married 2 Merried FORCES? XX		13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxican		No— 14. RACE — American Indi Black, White, stc.	en,
BY	3 Widowed 4 Divorced  IF YES, GIVE WAR		1 TES 2 X NO Specify		Specify: White	Ì
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	UAL OCCUPATION t done during most of working	16b. KIND OF BUSINE	SS/INDUSTRY	
ш	Elementary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT use n	etired.)	Containe	r Shipping	
집	12 yrs.	Maintenar	nce Mechanic	SeaLand T		
O	17. FATHER'S NAME (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·	16. MOTHER'S NA	ME (First, Middle, Maiden Surr		
BE C	Charles Albert Magee		Sophie	Bertha	Sommers	
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	ODRESS (Street and Number or Rural F	Route Number, City or Town, St	tate, Zip Code)	
-	Carley Smith Magee	9921 Ha	rrison Road		21811	
	20a, METHOD OF DISPOSITION 1 □ Burlel 2XXCremation 3 □ Removal from State	20b. PLACE OF DISPOSITI	ON (Name of cemetery, cramatory or	20c. LOCATI	ION — City or Town, State	
	4 Donalion 5 Other (Specify)	Evergreen (	Cemetery	Berlin		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRESS OF FA	Burbage H	Funeral Home	
	M. Kick Busha			108 Willi Berlin, M	iams St.	
	23. PART i. Enter the dispeses, or complications that/c	aused the deeth. Do not	enter the mode of dying, such			ate
	shock, or heart failure. List only one cause	on eech ilne.			interval E Onset an	
	IMMEDIATE CAUSE (Final disease or condition	ordial Ar	nest.		0.1000	o boatii
1	resulting in death) a.	R AS A CONSEQUENCE OF):				
_	_ M4	Macan Stick	In four tion.		į	
CERTIFICATION	Sequentielly list conditions, DUE TO (0)	AS A CONSEQUENCE OF):	Infanction.			
TA:	If any, leading to immediate cause. Enter UNDERLYING	mary At	neros cheros	7' 5 .		
윤	CAUSE (Disease or Injury that initiated events	R AS A CONSEQUENCE OF):		,		
E	resulting in death) LAST	V				i
핑	d					
1	PART II. Other significant conditions contributing to de	ath but not resulting in	the underlying cause given in	Part i. 24s. WAS AN AUT PERFORME		
DICAL	SIP Bypass Surg	ery.		1 TYES 2	COMPLETION OF	
	pm.				1 YES 2	NO.
ME				_	1 .0.00	
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	EXAMINER? / HOSPITAL: /		THER:			
₹	27. MANNER OF DEATH 26a. DATE OF IN		☐ Nursing Home 5 ☐ Residence  DF 28c. INJURY AT	6 ☐ Other (Specify)  28d. DESCRIBE HOW INJU	IDV OCCUPED	
효	1 Netural 5 Pending (Month, Day,	Year) INJUF	Y WORK?	28G. DESCRIBE NOW INJU	HT OCCORED	
B⊀	2 Accident Investigation	1	M 1 YES 2 NO			
	3 Suicide 6 Could not be building, etc	NJURY — At home, farm, stre :: (Specify)	et, ractory, office	City or Town, State)	Number or Rural Route Number,	
COMPLETED				<u> </u>		
P	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of m	knowledge, death occurred	at the time, date and place, and dua	to the cause(a) and manner	r as stated.	
8	one) 2 MEDICAL EXAMINER: On the basis of exer	nination and/or investigation,	in my opinion, death occured at the	time, data and place, and d	us to the cause(s) and manner as	stated.
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	./> :	29c. LICENSE NUI	IBER 25	9d. DATE SIGNED (Month, Day, Your	)
0	29b. SIGNATURE AND TITLE OF CERTIFIER M	H	1725	036	1076190	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type. P.				
	RH.R. HEDA. 614	EASTEN	V SHOKE I	MIVE.S	ALISBURY.	
	31. DATE FILED (Month, Day, Year) 1990 32. RELISTRAN	WIGHATURE Randelle	•			
	001 11 1330 73.00					

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permit. Pages 1, 2, 3 should

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27813

REGISTRAR		CER		ONI E OI					
1. DECEDENT'S NAME (First, Middle Edward H.						2. DATE O	of DEATH	[990 "	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 228 14 9617	6. SEX 1 🕽 🕅 2 🗌 1	6. AGE (In yrs. last bit		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C	ESK YOU'L	1920	BIRTHPLACE (State or Foreign
9a. FACILITY NAME (If not institution 110 Alcock Re	d.			96. CITY, TOWN	OR LOCATION OF D	PEATH		Ba. COUNTY	of DEATH ltimore Co.
nesidence of decede	Baltimore			TOWN OR LOCALESSEX	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 2 FNO
10e. STREET AND NUMBER				1	Of. ZIP CODE				OF WHAT COUNTRY?
11.0 Al COCK  11. MARITAL STATUS  1 Never Merried 20 Merrie 3 Widowed 4 Divorced	12. WAS DECED FORCES?	ENT EVER IN U.S. ARME 1 X YES 2 NO E WAR OR DATES	D	If you, s	21221 CENDENT OF HISPA specify Cuben, Mexic is 2 (300 Speci	an, Puerto R			USA  RACE — American Indian, Black, White, etc.  Specify: White
	T'S EDUCATION set grade completed) College (1-4 or	(Give life, Do	kind of w	usual occupation done during no retired.)	TION nost of working	0.000	2000 - V.C.	Steel	TRY
17. FATHER'S NAME (First, Middle, Victor	McConne				18. MOTHER'S N	e Sa	lyers		
Doris McConn					Rd. Bal			n, State, Zip Co 21221	de)
20s. METHOD OF DISPOSITION 1.2 Burial 2 Cremation 3 4 Donation 5 Other (Spec	☐ Removal from State	20b. PLACE OF Other piece Holsto	pisposi	ition (Name of c	emetery, cremetory or				or Town, State
21, SIGNATURE OF FUNEZIAL SEE		Jemos	/		AND ADDRESS OF F	Funer			
	es, or complications lailure. List only one		h. Do n	140	7 Easter	n Ave	. Bal	lto.,	t, Approximate Interval Between
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shock, or heart is immediate cause. Enter UNDERLYING CAUSE (Pinal disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Right a. Right bue bue c. Adu bue d.	TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED TO (OR AS A CONSEQUED	ENCE OF	144 of enter the m	or Easter node of dying, su with a Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo Carlo C	n Ave	. Bal	ratory arread	Approximate Interval Betwee Onset and Dec
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1	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	presses, as the marked on them 30 shows now latters as other from rolling at another in the mailting of another
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)  NORTH IN GTON  MATILDA  2. DATE OF DEATH MONTH 10-184 - 90 12	OF BEAU
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In us. less birthday)  7. DATE OF BIRTH  (Months)  8. BIRTHPLACE (SI  Outlier)  98. FACILITY NAME (If not Institution, give street end number)  98. CITY, TOWN OR LOCATION OF DEATH  99. COUNTY OF DEATH	tate of Foreign
10R		#_
DIREC	100. STATE 100. COUNTY  MD 100. CITY, WANN OR LOCATION  BALTIMORE, CITY  104. INS	IDE CITY ITS? S 2 \( \text{NO} \)
ERAL	106. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COU 21239 USA"	NTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S./ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, apecify Cuben, Mexican, Puerto Ricen, etc.)  14. RACE — American Specify: B L.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  N/A  16a. DECEDENT'S USUAL OCCUPATION (Give and of work done during most of working) iife. 95 b/OT use metinal*  DOMESTIC	
COM	17. FATHER'S NAME (First, Middle, Last) GEORGE BRADLEY  16. MOTHER'S NAME (First, Middle, Maiden Surname) JANE	
TO BE		39
	20e, METHOD OF DISPOSITION  1 IZ Burlel 2 Cremelton 3 Removal from State  4 Donatton 5 Other (Specify)  20e. PLACE OF DISPOSITION (Name of cometory, crematory or METHERRING BAPTIST CH.CEM. BRODNAX, VA.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  WM. C. MARCH F. H. 1101 E. NORTH	AVE.
	ahock, or heart fallure. List only one ceuse on each line.	proximste srval Between set and Death
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED?	TOPSY FINDINGS LE PRIOR TO TION OF CAUSE H? S 2 \( \text{NO} \)
HAN:	25. WAS CASE REFERRED TO MEDICAL  26. PLACE OF DEATH (Check only one)  EXAMINER?	
HYSIC	CO EXAMINERY   HOSPITAL:   1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)    27. MANNER OF DEATH   28s. DATE OF INJURY   2ab. TIME OF   28c. INJURY AT   28d. DESCRIBE HOW INJURY OCCURED	
ВУ Р	2 Accident Investigation M 1 YES 2 NO	
ED	3 Suicide 6 Could not be building, etc. (Specify)  200. PLACE OF INJOHY — All home, harm, surest, factory, office building, etc. (Specify)  201. ECCATION (Street and Number of Flural Flouris Num  201. City or Town, State)	ber,
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the lime, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basic of axamination end/or investigation, in my opinion, death occurred at the lime, date end place, and due to the cause(e) and manner as stated.	nner as atated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, I	Day, Year)
2	30. NAME AND ADDRESS OF SEASON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 201 E. UNIV PKWY	10-
	31. DATE FILEO (Month, Day, Year) 32 REGISTRAR'S SIGNATURE	•

BALTIMORE, MARYLAND 21203-3146

\	1.	FOR STATE REGISTRAR
	1.0	ECEDENT'S NA

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DHMH-16 Rev 1/89

REGISTRAR		CERTIF	ICATE U	F DEATH	REG. NO			
	ENRY	NEIBUH	11	SR.	OCTOBER 1	0,1990	3. TIME OF DEATH 2:15 a	
4. SOCIAL SECURITY NUMBER 220-20-7833	5. SEX 6.	AGE (In yes, last birthday) 89 YRS.	WONTHS DAY		APRIL 29,	1901	BIRTHPLACE (State or Foreign MARYLAND	
9a. FACILITY NAME (If not institution, give 6114 MOOREFIEL)				N OR LOCATION OF E	DEATH	BALT		
RESIDENCE OF DECEDENT 106. STATE 106. COUL MARYLAND 106. STREET AND NUMBER	BALTIMORE		TY, TOWN OR LO	LLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	IELD ROAD			101. ZIP CODE 212	28	U.S.A	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,		NIC ORIGIN? (Specify Yea or No—an, Puerto Rican, etc.)  14. RACE — American Indian, Black, Whita, etc.  Specify: WHITE			
15. DECEDENT'S E (Specify only highest gro		16a. DECEDENT'S	S USUAL OCCUP/ I work done during use retired.)	ATION most of working	16b. KIND OF BU	SINESS/INDUST	TRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ENGIN			U.S. G	OVERNM!	ENŢ	
17. FATHER'S NAME (First, Middle, Lest) WILLIAM NEIBU	HR				AME (First, Middle, Melden ABETH H	Surname) ALLSWOI	RTH	
19a. INFORMANT'S NAME (Type/Print)	In				I Route Number, City or Tow			
HENRY NEIBUHR  20s. METHOD OF DISPOSITION  1 M Burial 2 Cremetton 3 B 8  4 Donation 5 Other (Specify)		20b. PLACE OF DISPO	DSITION (Name of		20c. LC	LLE MAI CATION — CHY ODLAWN	OF TOWN, State  MARYLAND	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		LERO.	AND ADDRESS OF E	CLTWITZKE N AVE. BAL	FUNERAI	L HOME	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	R AS A CONSEQUENCE (						
PART II. Other significant condit	d.	eath but not resulting	In the underl	ying cause given i	n Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO	
AGOSTATE AGOST'S	DISOAS	E of	BONE		1 _ YES :	2 10	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	L PLACE OF DEATH (C	Check only one)			
1 YES 2 NO  27. MANNEB OF DEATH  1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		4 Nursing i	INJURY AT WORK?  YES 2 NO	6 C Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF I	NJURY — At home, farm c. (Specify)			281. LOCATION (Street City or Town, State	and Number or i	Rural Route Number,	
19000 0111	YSICIAN: To the best of m						auso(a) and manner as stated.	
296. SIGNATURE AND TITLE OF CERTI	RILL	un !	M 2	29c LICENSE N	UMBER / 7 /	29d. DATE S	IGNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON	lians	eNI 53	/	ALTI N	AT'L F.	R CA	7325014	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	- Gandell					2122-8	

1.

	1 - STATE REGISTRAR	SIMIL OF		CERTIF					VILITIAL	REG. NO		20	2,010
	1. DECEDENT'S NAME (First, Middle, Last)			4.7						OF DEATH	AY	YEAR	3. TIME OF DEATH
	Dorothy	C.	Ocha	ab					Octo	ber 1			12:50 P M
	4. SOCIAL SECURITY NUMBER 215-01-8451	5. SEX 1 M 2 TF	6. AGE (In yr. 78	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7 DATE	Day, Year)	1912	8. BIRTH Countr	HPLACE (State or Foreign ny) ryland
	9e. FACILITY NAME (If not institution, give a						OR LOCATI			2-5		NTY OF D	
	Maryland General	Hospita.			Bal	Ltim	ore (	City					
	100. STATE 10b. COUNT Maryland	Υ			v. rown o		TION						10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
	100. STREET AND NUMBER 1924 Aliceanna	Street				101	21°	231			1 *	U.S.	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	1	f yes, sp		n, Mexica	n, Puerto R	? (Specify Yellican, etc.)	e or No—		E — American Indien, k, White, atc.
3	15, DECEDENT'S EDU (Specify only highest grade		164	e. DECEDENT'S (Give kind of	USUAL OC	CCUPATIO	ON		16b.	KIND OF BU	ISINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	•)	Me. Do NOT u	emake		ist or worki	79		-			
	17. FATHER'S NAME (First, Middle, Last)		-				18. MOT	HER'S NA	ME (First, N	fiddle, Maider	Sumame)		
	Frederick Bud	demeyer								e Fox			
)	190. INFORMANT'S NAME (Typo/Print) Alvina Goscinski-	Ochab		196. MAILING									21231
	26a. METHOD OF DISPOSITION 1& Burtel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	206. PL	ACE OF DISPO	sition (Na	me of cen	metery, crer	natory or			cation -		own, State
	21. SIGNATURE OF FUNERAL SERVICE LI	Wables	Secy	)	22.	NAME A	ND ADDRE	SS OF FA	cility er &	Sons			
	George A. Web	er & Sons	Inc.		70	05 S	. Anı	n St	. Bal	to. M	Id. 2	1231	
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	(OR AS A CO	Infarc Insequence of	)F): )F):								
	PART II. Other significant condition Cardiogenic S		death but	not resulting	in the un	nderlyin	g cause	given in	Part i.	24s. WAS AI PERFO 1 YES	RMED?	241	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL	1				20.0	ACE OF F	NEATH ACA	eck only on	al.			
	EXAMINER?  1 YES 2 NO	HOSPITAL:	T 5000 4 - 4		OTHER	Rt:		`		,			
	27. MANNER OF DEATH  1 💥 Natural 5 🗌 Pending	28a. DATE Of	INJURY	28b. TII	1	28c. IN.	JURY AT DRK?		8 COther	CRIBE HOW	INJURY O	CCURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — , etc. (Specify)	At home, farm,	street, fact					ATION (Street or Town, State		er or Rural	Route Number,
COMP EL LE	29e. CERTIFIER (Check only one) 1 1 CERTIFYING PHYS	A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF TH											e) end manner as atated.
1	29b. SIGNATURE AND TITLE OF CERTIFIE	Lay Du	1	120			29c. LIC	ense nui	MBER		29d. DA	TE SIGNED	0 (Month, Day, Year)
•	30. NAME AND ADDRESS OF PERSON W Nuhad A. Kul	но сомить см aylat, М				aryl	and	Gene	ral H	Hospit	al		,
	31. DATE FILED (Month, Day, Year)  OCT 1 1 199	32. REGISTR	AR'S SIGNATU Devidson	me - Andel	٤								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlative filled his by the funeral director, page 5 should be detached for use as the burlative filled his within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21203-3146 BOX 13146, P.O. RECORDS, OF VITAL DIVISION

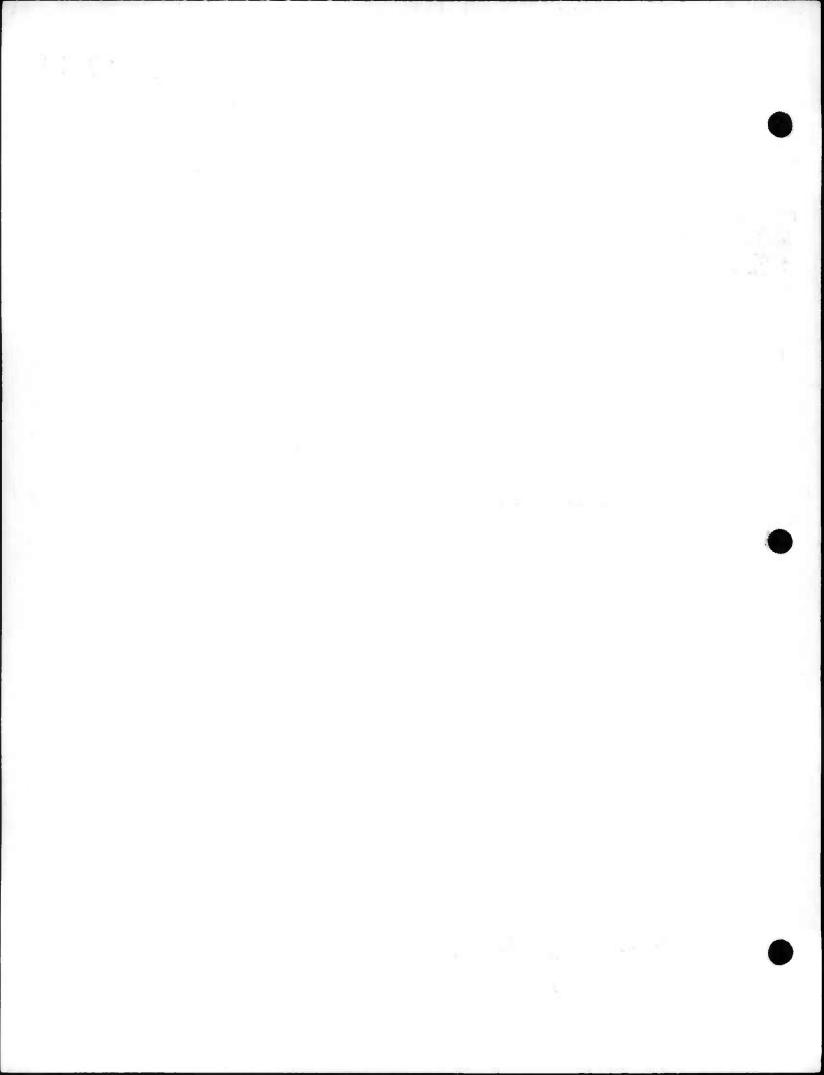
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203-3148	or attending phys	4		
BALTIMORE, MARYLAND 2/203-3148 5	d by the hospital	, 41 %	d at once.	
RE, MAR	6 may be retained stor, page 5 show		nust be notifie	
BALTIMO	ifter death. Page	noval.	al examiner n	
	within 24 mours a	remation, or rem	ent, the medic	
30X 13146	ate be executed v	prior to burial. c	r traumatic ev	
S, P.O. E	the death certific the attending of	Mental Hygiene	njury, or othe	
RECORD	w requires that the	pt. of Health and	3 shows any I	
OF VITAL	HYSICIAN: The la	with the State De	ked, or item 2	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING P	hours after death	item 28 is man	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician to TLLE considerable managements after the second page 18 should be detached for use as 18 though the second page 28 should be detached for use as 18 though the second page 28 should be detached for use as 18 though the second page 28 should be detached for use as 18 though the second page 28 should be detached for use as 18 though the second page 28 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be detached for use as 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be set 18 though the second page 38 should be second page 38 should be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second be second	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,	

~	1 - FOR STATE OF MA	ARYLAND / DEPARTMENT OF HEALTH / CERTIFICATE OF DEAT		
	1. DECEDENT'S NAME (First, Middle, Last) HELEN A. PALCZYNSK	I	2. DATE OF DEATH DAY OCTOBER 08	3. TIME OF DEATH 1990 5:30 p.m M
	213031541 1□м2⊠೯	8. AGE (In yrs. lest birthdey) 7 5 YRS. HOURS DAYS HOURS	4 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8 - 17 - 15	8. BIRTHPLACE (State or Foreign Country) MARYLAND
ron	9a. FACILITY NAME (If not institution, give atreet and number) THE JOHNS HOPKINS HOSPITAL	9b. CITY, TOWN OR LOCATION BALTIMORE CI		ALTIMORE CITY
DIRECTOR	PRESIDENCE OF DECEDENT  100. STATE  MARYLAND	10c. CITY, TOWN OR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 602 S. STREEPER STREET	101. ZIP CODE 2 1 2 2	100	g. CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2/ NO If yes, specify Cuben.	HISPANIC ORIGIN? (Specify Yee or N Mexican, Puerto Rican, etc.) Specify:	No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  4 YEARS	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  GAS PACK WORKER	ESSKAY	SS/INDUSTRY
BE CON	17. FATHER'S NAME (First, Middle, Last)		ER'S NAME (First, Middle, Meiden Surn JANKIEWICZ	ieme)
TO B	190. INFORMANT'S NAME (Type/Print) MRS. JANE SPIKER	19b. MAILING ADDRESS (Street and Number of 603 S. KENWOOD		
	20e. METHOD OF DISPOSITION   Uriel 2   Cremetion 3   Removal from State   Description 5   Other (Specify)	20b. PLACE OF DISPOSITION (Name of cornetery, creme of their place) ST. STANISLAUS CEM		ON — City or Town, State
	assumed & XIII		SKAPILIT UNERAL ET STREET BA	
ι	10001111	NO CAP CINOMA	MENTSMAT	Interval Between Onset and Desth
CERTIFICATION	ff sny, lasding to immediata ceuse. Enter UNDERLYING	DR AS A CONSEQUENCE OF):  PENAL  PENAL  PENAL  POR AS A CONSEQUENCE OF):	FAILURE E PULMONN	y DIRAJE LOYES.
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to d	death but not resulting in the underlying cause g	Iven in Part I. 24a. WAS AN AUT PERFORMED  1 YES 2	D? AMILABLE PRIOR TO COMPLETION OF CAUSE
SICIAN	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 TO 1 TO INC.	26. PLACE OF DE  ER/Outpatient 3 □ DOA 4 □ Nursing Home 5 □ Ret	ATH (Check only one)	
		NJURY 28b. TIME OF 28c. INJURY AT	28d. DEŞCRIBE HOW INJU	RY OCCURED
	27. MANNER OF DEATH  28e. DATE OF II (Month, De)	M 1 YES 2	NO	
TED BY	1 Natural 5 Pending (Month, De) 2 Accident Investigation 3 Suicide 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Number or Rural Route Number,
	Martinal   5   Pending	M 1 YES 2 INJURY — At home, farm, street, factory, office	28f, LOCATION (Street and City or Town, State) end due to the cause(a) and manner	as stated.
TO BE COMPLETED B	Martinal   5   Pending	INJURY — At home, farm, street, factory, office ric. (Specify)  my knowledge, death occurred at the time, date end place, amination end/or investigation, in my opinion, death occurred at the time.	28f, LOCATION (Street and a City or Rown, State) end due to the cause(a) and manner and at the time, date end place, and do	as stated.



B. BIRTHPLACE (State or Foreign

YEAR

90

3. TIME OF DEATH

5-450

DHMH-16 Rev 1/89

2. DATE OF DEATH MONTH

10

7. DATE OF BIRTH

1. OECEOENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

IVER

6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS.

ODEN

	218-03-39401	XM2□F 78	YRS. MONTHS	DAYS HOURS MIN.	617	12/1	MAKY/ALD
œ	90. FACILITY NAME (If not institution, give street.  LIBERTY MED.	and number)	P B. CITY	TOWN OR LOCATION OF OR	EATH	9c, COUNTY	OF OEATH
5	RESIDENCE OF DECEDENT	TOPPE COST	10	rs 1 1 1 / m or c			
DIRECTOR	10a. STATE 10b. COUNTY		BALL				10d. INSIDE CITY
	10e. STREET AND NUMBER		Dille	10f. ZIP CODE		10g. CITIZEN	1 D YES 2 □ NO  OF WHAT COUNTRY?
FUNERAL	Q- / - / -	TED AVENC		2120		U	5A
BY	11. MARITAL STATUS  1. Never Merried 2 Merried  3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U.S. APFORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	MED 13.	WAS DECENDENT OF HISPAI If yea, specify Cuben, Mexics I YES 2 10 NO Specifi	n, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: B/AC/s
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication (9-12)	pleted) (Gi	Do NOT use retired.)	CCUPATION during most of working  ORKER	16b. KIND OF BU	SINESS/INDUST	TAY
BE CON	17. FATHER'S NAME (First, Middle, Last) BELUARD	RODEN		16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
TO B	19a, INFORMANT'S NAME (Type/Print)  FUENOLYN T.	QUIHONEZ 1	802 C	(Street and Number or Rural	Route Number, City or Tow Source B	n, State, Zip Con	IVE, MD
	20a. METHOD OF DISPOSITION 1	from State 20b. PLACE other pla	NHOU	me of cometery, cremetory or	Ery BA	CATION - CHY	E, Mary/And
	21. SIGNATURE OF FUNERAL SERVICE LICENS  SURVEY HOLD	ee ris	22.	Eroy Harr	ISF.H. B	138 K	Je Mary land
$\dashv$	23. PART I. Enter the diseeses, or com		eath. Do not enter				, Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A CONSEC		colm		_	Interval Between Onset and Death
z	6			heart-	Discon	c ~ ~ 1	12
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEC	OUENCE OF):	eart to	allunc		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	OLIENCE OF	el jail	3		
	PART II. Other significant conditions of				Part I. 24s. WAS AF	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS
2					1 □ YES		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	-		-		_		1 TES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
SIC		OSPITAL:  Inpetient 2 ER/Outpetient 3	OTHE	R: sing Home 5 - Residence	6 Other (Specify)		
PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fac	tory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Oracon Gray	N: To the best of my knowledge, de On the basie of examination and/or					suse(s) and manner as state(
	29b, SIGNATURE AND TITLE OF CERTIFIER			29c, LICENSE NU			IGNED (Month, Day, Year)
O BE	R.M. Sta	Pro- 1. 2.2		D19	668		0-9-90
5	30. NAME AND ADDRESS OF PERSON WHO C			LIBERTY	HAVE	Bal	L. MD
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE					
	OCT 1 1 1990	Julia Davidson-A	andere				

6. BIRTHPLACE (State or Foreign Country)

3. TIME OF DEATH

21217

William"

Otis

Saunders

YEAT)

2. DATE OF DEATH

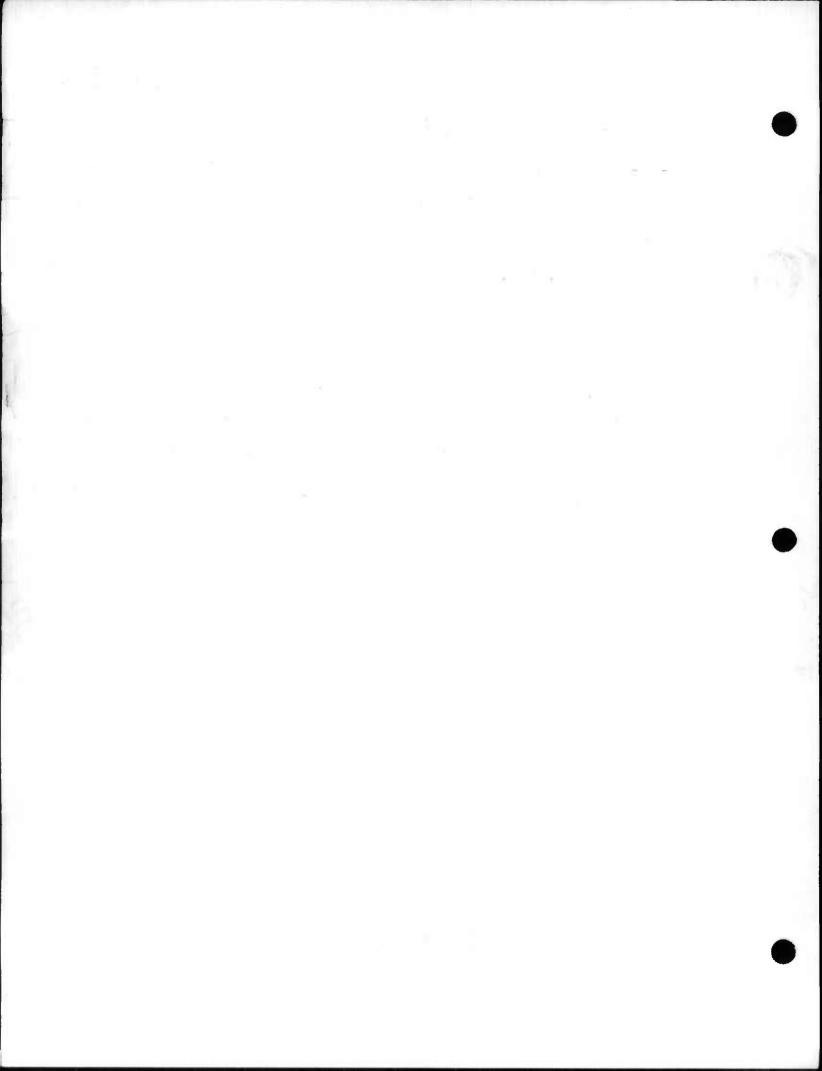
10

	A Carte of California		E (In yrs. lest birti	res. MONTHS	B DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	6.	BIRTHPLACE (State of Country)	r Foreign
	216-14-4549	□ M 2 □ F	71	25.00			12 14		aryland Y OF DEATH	
<u>~</u>	9e. FACILITY NAME (If not institution, give street		0 0			R LOCATION OF D	EATH			
DIRECTOR	Greater Baltimos	re Medica				ison		Joaki	imore	
E E	100, STATE 10b, COUNTY		10-	c. CITY, TOWI					10d, INSIDE (	
	Maryland Baltic	mone-		Cock		LLLE ZIP CODE		T 10c CITIZE	1 X YES 2	
P.A	Spring Head Ct.	Ant 50			177	1030		us		
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER		1	3. WAS DEC	ENDENT OF NISPA	NIC ORIGIN? (Specify Ye		I. RACE — American Black, White, etc.	indien,
BY	1 Never Merried 2 Merried 3 Widowed 4 L Divorced	FORCES? 1 A YE	DATES 2		1 TYES	2 NO Speci	an, Puerto Rican, etc.) ly:		Specify: Blac	
TED	15. DECEDENT'S EDUCAT (Specify only highest grade cor		16a. DECEDI (Give ki	ENT'S USUAL ind of work dor NOT use retired	OCCUPATION TO	ON at of working	16b. KIND OF BU	ISINESS/INDUS	TRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Cemer				Baltin	nore (	Countu	
COMP	17. FATNER'S NAME (First, Middle, Last)		To cili ci	1.0	70.0.012		AME (First, Middle, Maide		, 0 00, 10 0 9	
BE C	William S. Sau	nders				Leona	Sarah S	Smith		
TO B	ISA. INFORMANT'S NAME (Type/Print)						Route Number, City or To			020
-	Eugene Saunders						e Cockey			030
	20% METHOD OF DISPOSITION  1  Burial 2  Cremation 3  Remova  4  Donallon 5  Other (Specify)	al from State	other place)  Dulan	ey Va	lley	Memor	ial Gar.	Timo 1	vium, Mo	L
	21. SIGNATURE OF FUNERAL SERVICE LICEN									
	· Berry 9	Jaskis			Chati	nan-Har	aciity cris F/H	Ralti	mare M	h $SI$ .
	23. PART i. Enter the diseases, or con shock, or heart failure. Lis			Do not ent	ter the mo	da of dying, su	ch aa cardisc or res	piratory arres	it, Approx	ximata ni Between
	IMMEDIATE CAUSE (Finsi disease or condition			,	1.	, - 1	7.			and Death
	resulting in desth)	DUE TO (OR AS	A CONSEQUE	YOCAL	- Com	tups	uckon			
z		,							į	
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUEN	NCE OF):						
FIC	CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUEN	NCE OF):						
ERTIFICATION	that initisted events resulting in death) LAST	·								
S	PART II. Other significant conditions	contributing to death	but not resu	iting in the	underlyin	g cause given in		N AUTOPSY	24b. WERE AUTOPS	
EDICAL							PERFO	PRMED?	AVAILABLE PF	
MED									OF DEATH?	□ NO
	2747									
ICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	ER:	ACE OF DEATH (C				
PHYSI	1 YES 2 NO 1	28e, DATE OF INJUR		DOA 4 1 1	7	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	RED	
BY PI	1 Natural 5 Pending	(Month, Day, Year	7	INJURY	WC	PRK? YES 2 NO				
0	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S		farm, street,	lactory, offic	•	26f. LOCATION (Stree City or Town, Stat		Rural Route Number,	
COMPLETE	290. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my kn	owledge, death	occurred at If	ne time, date	and place, and du	e to the cause(e) and m	enner es stated	ı.	-
OMF	(Check only one) 2 MEDICAL EXAMINER:									ae stated.
BE C	29b. SIGNATUHE AND TITLE OF CERTIFIER	4 4	1011-	./. 1		29c. LICENSE N		29d. DATE	SIGNED (Month, Day, 1	ber)
TO B	Thyand	140	( At Her	any )		0191	66	10	17/80	
	30.4NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27	(Type, Print)				•		

32. REGISTRAR'S SIGNATURE
Julia Devidson-Randelle

31. DATE FILED (Month, Day, Year)

OCT 1 1 1990



BALTIMORE, MARYLAND 21203-31	6 may be retained by 1	octor, page 5 should be deta	must be notified at once.
BALTIM	E+ hours after death. Pag-	filled in by the funeral dir on, or removal.	he medical examiner
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within **P*frours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR
1	
	1. DECEDENT'S
	5
Γ	4. SOCIAL SEC
	212-0
Г	9a. FACILITY N
	298
L	RESIDENC
	10a. STATE
	MARYL
Г	10e. STREET A
L	29
ı	11, MARITAL ST
	1 Never Ma
	3 X Widowed
r	Elementary
ı	מדו

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

27821 90

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO		0 61061
1. DECEDENT'S NAME (First, Middle, i	Last)			2. DATE OF OEATH MONTH DA	AY YE	3. TIME OF DEATH
SARAH AMA	NDA JANE SPENC	ER		10 09		
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR   IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign
212-07-4614	1 M 2 XF	80 YRS.	ONTHE DAYS HOURS MIN.	07 23	10	Country) MARYLAND
9a. FACILITY NAME (If not institution,	give atreet and number)	9	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY	OF DEATH
2987 BLOOM	ROAD		FINKSBURG		CAR	ROLL
RESIDENCE OF DECEDEN	T					
10e. STATE 10b. CC		1000	TOWN OR LOCATION			10d, INSIDE CITY LIMITS?
MARYLAND	CARROLL	I	INKSBURG			1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP COOE		10g. CITIZEN	OF WHAT COUNTRY?
2987 BLOOM	ROAD		21048			USA
11, MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic		e or No.— 14.	RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 YES 2 TNO Spec			Specify: WHITE
15. DECEDENT'S (Specify only highest		16a. OECEOENT'S US		16b. KINO OF BU	SINESS/INOUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	k done during most of working retired.)			
8TH		HOUSEWI	FE			
17. FATHER'S NAME (First, Middle, Las	it)		18. MOTHER'S N	AME (First, Middle, Malden	Surname)	
OSCAR BROWN			MOLI	IE LEGO		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura	Route Number, City or Tow	vn, Stata, Zip Co	de)
CARROLL J. ME	RSON	2987 I	BLOOM ROAD, FIN	KSBURG, MA	RYLAND	21048
20a. METHOD OF DISPOSITION	2	0b. PLACE OF DISPOSIT	ION (Name of cemetery, cremetory or	20c. LC	CATION — City	or Town, State
1 Buriel 2 Cremation 3 1 41 Donation 5 7 Other (Specify)			PARK CEMETERY	BA	LTIMOR	E, MARYLAND
21. SIGNATURE OF HUNERAL SERVICE	DE LIÇENSEE		22. NAME AND ADDRESS OF F	ACILITY		
> lain	5 march		A. ALAN SEIT	•		
23. PART I. Enter the diseases	mugh		3818 ROLAND			
ahock, or heart fel	a. RESPI		- DISEASE	S OF W	a 6 5°	Interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a ASH				Producer	
PART II. Other significant con-	ditions contributing to death	but not resulting in	the underlying cause given in			24b. WERE AUTOPSY FINDINGS
				PERFO		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						OF DEATH?
25. WAS CASE REFERRED TO MEDIC	AL		26. PLACE OF OEATH (C	theck only one)		
EXAMINER?	HOSPITAL:		OTHER:			La la la la la la la la la la la la la la
27. MANNER OF DEATH	28a. OATE OF INJUR			28d. OESCRIBE HOW	INJURY OCCUR	RED
1 Natural 5 Pending 2 Accident Investiga	(Month, Day, Year		M 1 YES 2 NO	200. 02001102 11011		
3 Suicide 8 Could n	ot be building, atc. (S	RY — At home, farm, str pecify)	eet, factory, office	281. LOCATION (Street City or Town, State		Rural Route Number,
onel city			at the time, deta and place, and de			
2 MEOICAL EX	AMINER: On the basis of examina	tion and/or investigation.	in my opinion, death occured at the	e time, data and place, a	nd due to the c	ause(a) and menner as stated.
296. SIGNATURE AND TITLE OF CER	TIFIER TO		29c. LICENSE N	UMBER CO C	29d. DATE S	IGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type, F	rint)		-	- //
R. RICCI	M 3125	BAUTO B	wo. FINE	SISVRG,	w :	2045
31. DATE FILED (Month, Day, Year)	Julia Davidson-R	gnature ndasta				
	WILLIAM INTERNATION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PART					

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

- STATE REGISTRAR		OIMIL OI		CERTIF	ICAT	E OF	DEA	TH	WEITIA	REG. NO.	_		
1. DECEDENT'S NAME (First, Mid									2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
N	Naomi	Fra	ance	s \	7alei	ntine	9		10	5-6-90°	ır	TEAR	9:22PM M
4. SOCIAL SECURITY NUMBER		i. SEX	8. AGE (In	yrs. last birthday)	IF UNDE	R 1 YEAR	IF UNDE	A 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTH Countr	HPLACE (State or Foreign ry)
213-26-659	<u> </u>	□ M 2 XF		60 YRS.						22/19	30	Mai	ryland
9a. FACILITY NAME (If not institut		et and number)						TION OF DE			9c. COU	NTY OF D	EATH
Sinai Hospit					1	Bait.	ımor	e Cit	ty				
RESIDENCE OF DECED	b. COUNTY			10c. CIT	Y. TOWN	OR LOCAT	TION						10d, INSIDE CITY
Maryland				Ra	1+4,	more	-						LIMITS? 1 TYPES 2 ND
10e. STREET AND NUMBER				] Da	T 0 T1	_	f. ZIP COI	DE			10g. CIT	ZEN OF V	WHAT COUNTRY?
5513 Belle	vi116	AVe.					212	207			U.	s.	Α.
11. MARITAL STATUS	-	2. WAS DECEDEN			13.		ENDENT	OF HISPAN		N? (Specify Yee		14. BACI	E American Indian,
1 Never Merried 2 Mer		FORCES? 1						Specifi		Rican, atc.)		Spec	k, White, atc.
3 X Widowed 4 Divorced		.,,											Black
15. DECEDE (Specify only hig	NT'S EDUCAT			16a. DECEDENT'S (Give kind of	USUAL C	CCUPATIO	ON ost of work	kina	168	, KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondery (0-12)	-	College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)			•					
				Medic	al :	Reco	7					kins	s Hospital
17. FATHER'S NAME (First, Middle	, Last)						18. MO	THER'S NA	ME (First,	Middle, Meiden	Surneme)		
										vles			
19e. INFORMANT'S NAME (Type/I				19b. MAILING	ADDRES	S (Street i	and Numb	er or Rural	Route Num	ber, City or Town	n, State, Zij	Code)	
Melaine Va		ine			_				Ave.				MD 21207
20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation		al from State	20b.	PLACE OF DISPO other place)									own, State
4 Donation 5 Other (Spe			_ MD	Veter	an (	Cem.	./Cr	own	svil	.1eCrc	wns	vil:	le, MD
21. SIGNATURE OF FUNERAL SE	ERVICE LICEN	YSEE	7	Y.	22	. NAME A	ND ADDR	ESS OF FA	CILITY I	lutter	Fu	nera	al Homes,
WOSMIM	K	#	aul	u	IZ:	501 a1t.i	GWy	nns	ътал	.1s Pa	rkw	a y	
23. PART I. Enter the disea shock, or heart													Approximata Interval Between
IMMEDIATE CAUSE (Final	t iuitoro. En	at only other our	330 OII 00	on white.									Onset and Death
disease or condition resulting in death)	a.	Arteri	oscl	erotic o	card	iova	scul	ar d	isea	se			
	-	DUE TO	(OR AS A	CONSEQUENCE O	F):								
O	b.												
Sequentially list conditions if any, leading to immediat	ta	DUE TO	(OR AS A	CONSEQUENCE O	F):								
cause. Enter UNDERLYING CAUSE (Disease or Injury	<b>d</b> c.												
that initiated events resulting in death) LAST	1	OUE TO	(DR AS A	CONSEDUENCE O	HF):								
resulting in death) LAST	d.												
PART II. Other significant	conditiona	contributing to	death bu	it not resulting	In tha u	ındariyin	ng cause	givan in	Part I.	24a. WAS AN		24	b. WERE AUTOPSY FINDINGS
Chronic ok	ostruc	tive pu	lmon	ary dise	ease					PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
		-		100						1 TAIOLLE			DF DEATH?
-										INQUI	KI		1 ☐ YES 2XXNO
25. WAS CASE REFERRED TO M	IEOICAL	100-11				26. P	LACE OF	OEATH (C/	heck only o	one)			
EXAMINER?		HOSPITAL:	TVER/Outp	etlant 3 🗆 DOA	OTHE	R:							
27, MANNER OF DEATH		28e. DATE D	777	28b, Till		_	JURY AT	Meandance		er (Specify) SCRIBE HOW I	NJURY O	CURED	
tXX Metural 5 ☐ Pen			Day, Year)		JURY	W	ORK?	□ ND					
	estigation	28e, PLACE	DF INJURY	— At home, farm,	street, fe				28f. LO	CATION (Street	and Numb	or Or Rumi	Route Number.
	uld not be ermined	building	, etc. (Spec	fly)	Januari, III	Lawry, Will				or Town, State,		or remain	CTMTITETHY
29a, CERTIFIER	5.0 5/45										_	_	
(Check only				edge, death occur									
2) X MEDICAL	L EXAMINER:	un the basie of	examination	end/or investigati	on, in my	opinion,	geath oc	cured at the	e time, del	e and place, e	nd due to t	The Couse	(e) and menner ee stated.
296 SIGNATURE AND TITLE DE	CERTIFIER	1 11					29c. L	ICENSE NU			29d. DA		D (Month, Day, Year)
Mayne	DeV	Will						<u> </u>	IATE			TO-	7-90
30. NAME AND ADDRESS OF PE			JSE DF OE			nn C	troc	+ D-	1+im	ore,MD	212	<b>01</b>	V
MARGARITA A.	• VOLE	كللاتا و لبالباد		11.	T LG	C IIII	TCC	· L, Da	ᆂᆫᆀᆁᆝ		Z1Z	VΤ	V

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It is found after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Morith, Day, Year)
OCT 1 1 1990 Julia Davidson-Randall

DHMH-18 Rev 1/89

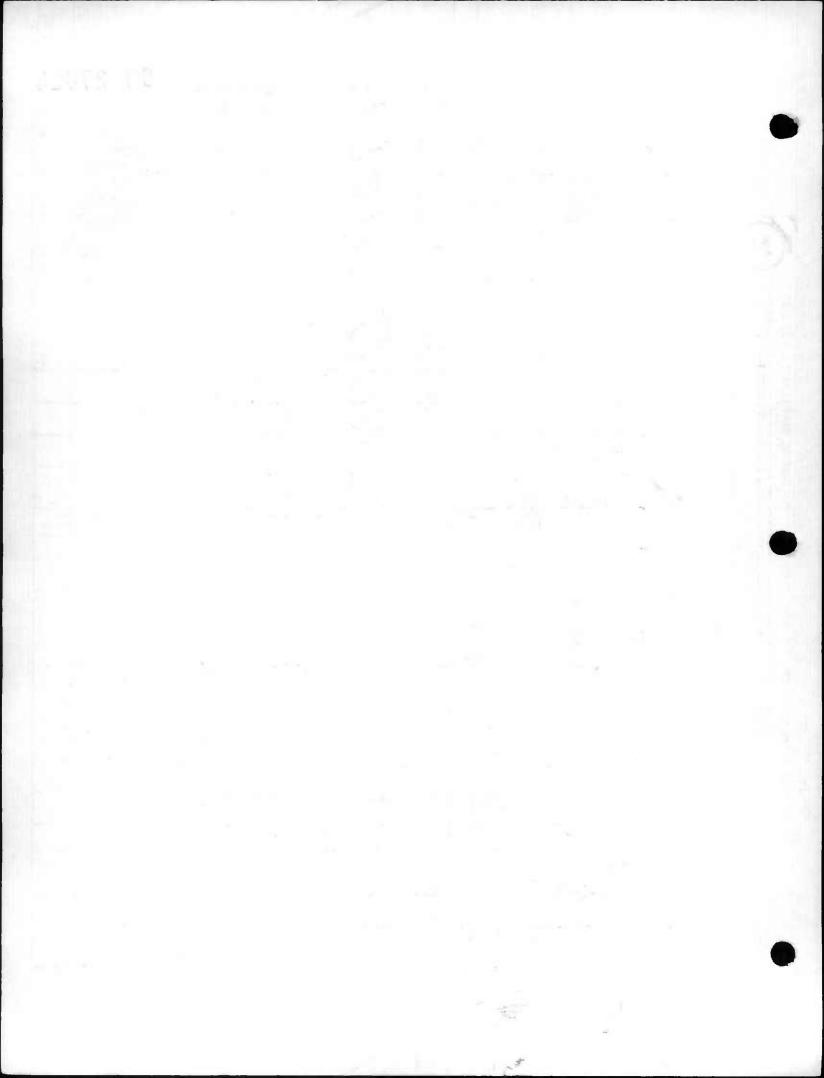
BALTIMORE, MARY	Page 6 may be retained	al director, page 5 should	ner must be notified
BALTI	in 2 Surs after death. F	ely filled in by the funeral	the medical examin
BOX 13146,	ficate be executed with	physician and complete	ne prior to burial, crem ner traumatic event
ORDS, P.O.	es that the death certi-	gned by the attending	sam and Memal Hygie
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	rSiCtAN: The law requir	certificate has been si	th the State Dept. of He
DIVISION	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hypene prior to buria, certainin, of removal.
	TO THE H	TO THE FU	be filed wi

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTME ERTIFICA			MENTAL HYGIEN		0 27823
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	Mildred SI	RVESTER	WILLIA	VIS.		October 0		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. le	st birthday) IF UN	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	217-26-5075	1 M 2 F 71	YRS. MONTH		HOURS MIN.	5-04-1		MD
<u>ج</u>	FRANKLIN SQUAR		В	ALTIM	10RE, M	D	Do.1+	imore
5	RESIDENCE OF DECEDENT						I Dall	
DIRECTOR	MD EDGEW	000	BALTI		ON			10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	000	DALII		ZIP CODE		10a CITIZEN	1 TYES 2 NO
FUNERAL	851 EDGEWATER	DR. APT-F		1011	21040		100	SA
3		12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DECE		IIC ORIGIN? (Specify Ye		RACE - American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES 2 X	NO		cify Cuben, Mexice 2 NO Specify	n, Puerto Rican, etc.)		Black, White, etc. Specify:
BY	3√XWIdowed 4 □ Olvorced				^			BLACK
COMPLETED	15. DECEDENT'S EOUCA' (Specify only highest grade co	ompleted) ((	ECEDENT'S USUA Give kind of work do b. Do NOT use retire	one during mos		16b. KIND OF BU	ISINESS/INDUS	TRY .
P.E.	Elementary/Secondary (0-12) 7 t h	College (1-4 or 8+)		•	TAURAN	_T		
OM	17. FATHER'S NAME (First, Middle, Last)	02	OL DLL	_ (( _ (		ME (First, Middle, Malde	Sumame)	
O I	DENNIS C. BO	ONE		_ =	SARAH	JANE BR	ADLEY	
) BE	190. INFORMANT'S NAME (Typo/Print)					Route Number, City or To		
5	MILDRED EPPS		941 ED	GEWAT	ER DR.	APT-H*ED	GEWOO	D, MD 21040
	20s, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Remove	20b. PLACE	OF DISPOSITION	(Name of cert	etery, crematory or	20c. L	CATION — City	or Town, State
	4 Donation 5 Other (Specify)		120N F		V L I .		INGS	MILLS, MD.
	21. SIGNATURE OF POWERAL SERVICE CICE	NOCE						
	Dlades.	Carrel						NORTH AVE.
	23. PART I. Entar tha diseasas, or co- ahock, or heart failure. Li	emplications that caused the di lst only one cause on each lin		nter the mo	de of dying, auc	h aa cardlec or rea	olratory arrest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition							Onset and Death
	resulting in deeth) - s.	Metastatic Ly	mphoma					
_				2				İ
<u> </u>	Sequentielly list conditions, if sny, laeding to immediate	Widespread her	EOUENCE OF):					
CA	cause. Enter UNDERLYING CAUSE (Pleases By Inline)							
	III CUOSE (Disease Di IIIIdia A		- Transcription					
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CERTIF	thet initisted evants		EOUENCE OF):					_
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TO BE COMPLETED BY FUNERAL DIRECTOR

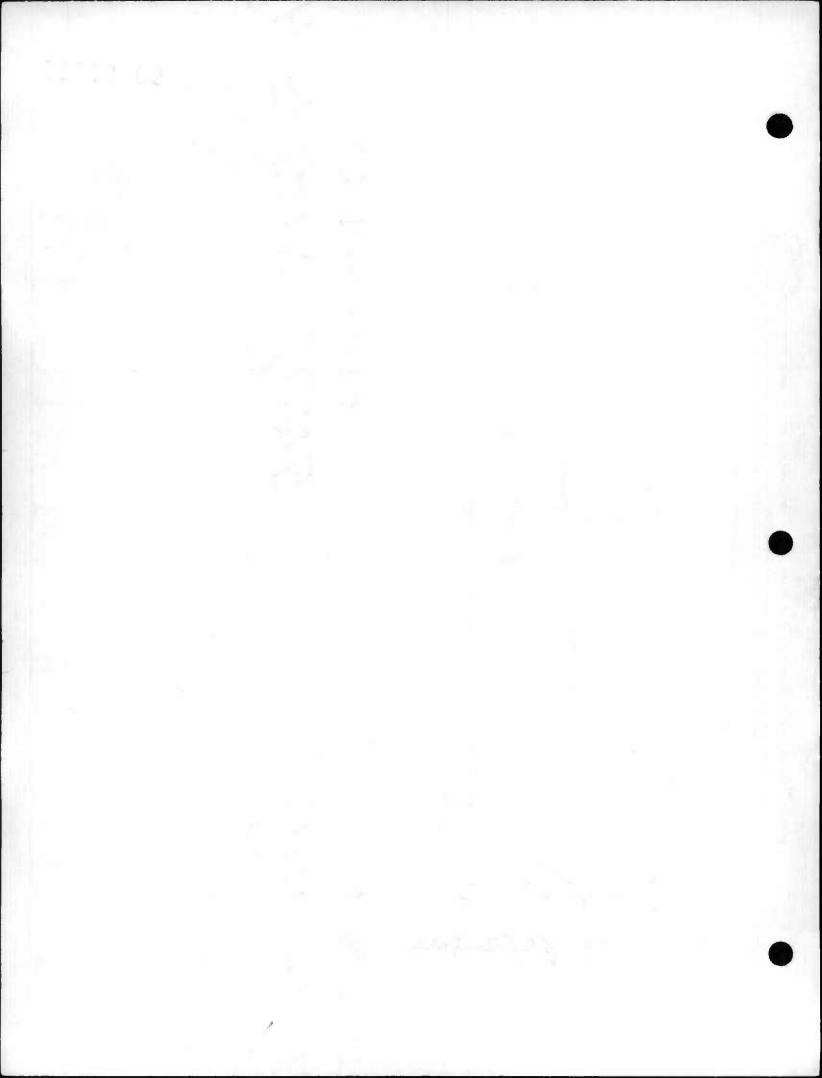
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FRED E. WALD							2. DATE O MONTH 10	F DEATH	9	YEAR	3. TIME OF DEATH 11:23 A
SOCIAL SECURITY NUMBER	S. SEX	S. AGE (In yrs. I	nat birthday)	IF UNDER 1 YE	AR IF UNDER	R 24 HRS.	7. DATE O	F BIRTH	T		IPLACE (State or Fore
251-34-7616	1-√2M 2 □ F	63	YRS.	MONTHS DA	YS HOURS	MIN.		Dey, Year)		S	CAROLINA
. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN DR LOCATI	ION OF DE			9c. COUN		
BALTIMORE COUNT	V CENERAL	HOSDIT	PAT	DANI	ALLST	OLUN			DAT	TIMO	DF
ESIDENCE OF DECEDENT	1 GENERAL	d HODEL	LAL	KANI	MLLDI	OWIN			DAL	LIFIC	JKE
MARYLAND BA	LTIMORE			Y, TOWN DR LOATONSVI							10d. INSIDE CITY LIMITS? 1 YES XXX N
s. STREET AND NUMBER					101. ZIP COD	E			10g. CITIZ	EN OF	WHAT COUNTRY?
20 DRAWBRIDGE C	OURT				212	228			U.S	. A.	
MARITAL STATUS  Never Married 2 Married  Widowed 4 Divorced		NT EVER IN U.S. A X YES 2 MAR DR DATES	RMED ND	If yes	DECENDENT II , specify Cube YES AND	an, Mexica	n, Puerlo Ri			14. RACI Blac WHI	E — American Indian k, White, etc.
15, DECEDENT'S EDI		16a. C	ECEDENT'S	USUAL OCCU	PATION		16b.	KIND OF BUS	INESS/INDL	USTRY	
(Specify only highest grad	College (1-4 or 5	+)	Give kind of vite. Do NOT us  JUDGE	work done durin	g most of world	ing		. STA			NMENT
FATHER'S NAME (First, Middle, Last)			1.7		16 MOT	HER'S NA	ME (Elect Mi	ddle, Malden	Sumamal		
ERNEST WALDR	OP						_ ,	E SMI			
a. INFORMANT'S NAME (Type/Print)		T	IOP HALL	ADDRESS (St						Code	
SHIRLEY WALDRO	P			RAWBRII				NSVIL			1228
a_METHOD OF DISPOSITION  _Asurial 2 Cremation 3 Rec  _ Donation 5 Other (Specify)	noval from State	CRES	e of dispos place) STLAWN	N CEMES	CERY	matory or			CATION — C		VILLE MD
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NO  NJURY OCC	244 244 244 244 244 244 244 244 244 244	Approximatinterval Bet Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset and Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset Onset



	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a minute and requires after death. Page 6 may be retained by the hospital or minuting styles and second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to the second to th	Unit FUNKTA After this base is a constituted in a careful and whental Hydrone prior to buffel, cremation, or tentrol." I such a such a constitution in a careful and Mental Hydrone prior to buffel, cremation, or tentrol.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	A DT ACAIN PATH NO NIVALANT APPRILITATION
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	E HOSPITAL OR ATTENDING PHYSICIAN: The law r	d within 72 hours after death with the State Dept.	RTANT: If Item 28 is marked, or Item 23 s	

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lan	Bessie C	). Askew			2. DATE OF DEATH MONTH DAY	YEAR 1990	3. TIME OF GEATH 12:50 A
4. SOCIAL SECURITY NUMBER 212-34-5338	5. SEX 6. 1 ☐ M 2 🂢 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-28-1.907	8. BIRT	HPLACE (State or Foreign by) th Carolina
9a. FACILITY NAME (If not institution, given the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	venue	5		or Location of DE timore (	EATH 9c.	COUNTY OF	DEATH
10e. STATE 10b. COU			TOWN OR LOCAL	-			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
10a. STREET AND NUMBER 515 Maude A	venue		1	M. ZIP COOE 21225			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT ET FORCES? 1 I	YES 2 NO	If you, a		NIC ORIGIN? (Specify Yes or No in, Puerto Rican, etc.) y:	14. RAC Blac Spec	E - American Indian, ck, White, etc.
15. DECEDENT'S E (Specify only highest gr		18a. OECEDENT'S U: (Give kind of wo. life. Do NOT use	SUAL OCCUPAT	ON oat of working	16b. KIND OF BUSINESS	3/INDUSTRY	
Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	House			Home M	aker	
17. FATHER'S NAME (First, Middle, Last) Tyr.	es Newsome				ME (First, Middle, Malden Surnar Essie L. La	ssiter	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street	and Number or Rural	Route Number, City or Town, Stat	a, Zip Code)	
Michael Mandi	.s	2004 N	ew Hav	en Drive	Baltimore,	Mary.	land 21221
20e. METHOD OF DISPOSITION 1 \$\overline{1}\$ Burlal 2 \( \text{Cremation} \) 3 \( \text{R} \) 4 \( \text{Donation} \) Donation 5 \( \text{Other} \) (Specify)	emoval from State	20b. PLACE OF DISPOSIT other place) Ahoskie C			20c. LOCATIO Ahosk	N — City or T	own, State
21. SIGNATURE OF PUNEPIAL SERVICE	DICENSEE	20 -	22. NAME	ND APPRESS OF FA	Once Funeral e Hwy. Balti	Home	P.A.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):					
resulting in death) LAST	_ d						
Delydration	iona contributing to de	ath but not resulting in	the underlyi	ng ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED?  1 YES 2 NN		b. WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C)	neck only one)		
1 TES 2 NO	HOSPITAL:		OTHER:	me 6 Residence	6 Other (Specify)		
27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		RY V	JURY AT ORK? YES 2 NO	28d, DEŞCRIBE HOW INJUR	OCCURED	
3 Suicide 6 Could not 4 Homicide determined	building, etc	NJURY — At home, farm, etc. (Specify)	eet, factory, off	ce	281. LOCATION (Street and Nu City or Town, State)	imber or Rural	Route Number,
anni					to the cause(s) and manner a		(s) and manner as stated.
200. SIGNATURE AND TITLE OF CENTS 200. NAME AND ADDRESS OF PERSON	18.2	STATH (TEM 27) (7904.)	40	29c. LICENSEPHU	MOER 294.	LC C	9/9/90
31. DATE FILED (Morith, Day, Year) OCT 1 2 1990	32. REGISTRAN'S	s signature	X				



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CERTIFICATION MEDICAL PHYSICIAN: BY COMPLETED

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dearn of this compared within "zamours after dea	NER	if	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other trainmits event, the medical exc	
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HOSPITAL DR ATTENDING PHYSICIAN: The law DIVISION OF VITAL

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30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MARGARITA A. KORELL, MD

2 1990

31. DATE FILED (Month, Day, Year)

90 27826 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 10-9-96 Paul Anderson 9:58AM 7. DATE OF BIRTN A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTNPLACE (State or Foreign 216-40-2406 HOURS 1 1 1 2 | F MA 45 VBS 10-23-Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Francis Scott Key Medical Center BALTO CITY Baltimore City RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mo BALTIMORE DUNDALK 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL USA, 1759 BROOK LIEW 21272 RD 11. MADITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. ORCES? 1 YES 2
YES, GIVE WAR DR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

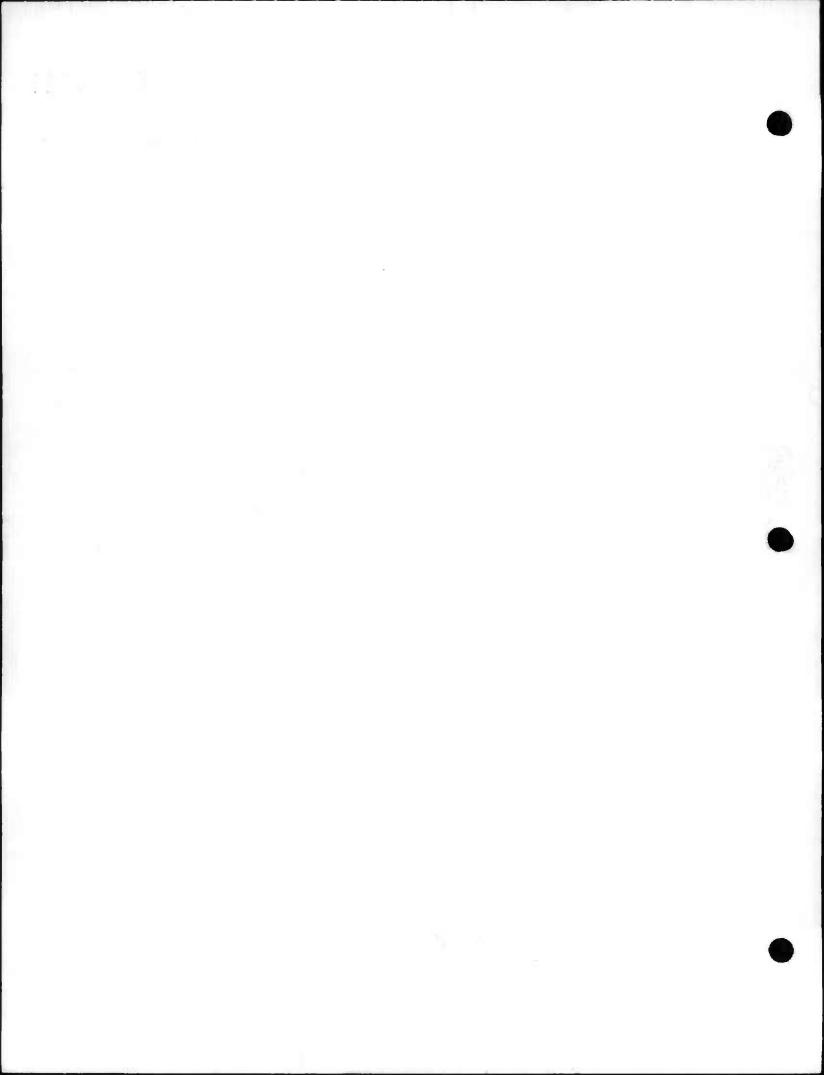
1 ☐ YES 2 ☐ ND Specify: 1 Never Married 2 Merried BY 4 Divorced WHI 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working ED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade of COMPLET (0-12) College (1-4 or 5+) PRINTER 2+4 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surname) ANDERSON HASKINS ALICE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No or Rural Route Number, City or Town, State, Zip Code) 2 RD ANDERSON 1759 BROOKUIER 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Nat 20c. LOCATION — City or Town, Stata erial 2 Cremetion 3 Ramoval from State CEM BACTO MO LAWN 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY 0 oune 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest. Approximate ahock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition___ a. Arteriosclerotic cardiovascular disease
DUE TO (DR AS A CONSEQUENCE OF): resulting in death) Sequentially flat conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES XEX THO INOUIRY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one) EXAMINER? HOSPITAL:
1 | Inpatient 2 | PR/Outpatient 3 | DOA OTHER ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED XXXX Natural 5 Pending 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner ee stated. 2XXMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE 10-9-90 OCME

VC

111 Penn Street, Baltimore, MD 21201

ALTIMORE, MARYLAND 21203-3146	be retained by the hospital or attending physician.	ige 3 shourd be betalared for use as the bullarudiski permit, rayes 1, 2, 3 should	e notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mounts at the most properties of the hospital or attending physician.	TO THE FUNERAL DIRECTUR. After this certaincate has been signed by the attention prosided and completely involved by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaining the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical marked or notified at once.

!	1. DECEDENT'S NAME (First,	101.010								MONTH	DA	Υ'	YEAR	3. TIM	E OF DEATH	
	CHARL		Н.			DGES				ctobe	er 10		990			М
	4. SOCIAL SECURITY NUMBER	ER		GE (In yrs. le.		IF UNDER 1	YEAR DAYS	IF UNDER 24 HF	_	(Month, Day	IRTH ; Year)		8. BIRTH Country		(State or Foreign	
	212-05-6246			88	YRS.	movins .	unit 0	HOURS WI		lune 2		902	-	rai	a	
	9a. FACILITY NAME (If not ins	atitution, give at				9b. CITY, 1	O NWO	R LOCATION O					NTY OF D			
FUNERAL DIRECTOR	2910 Loch Ha	ven Co	ourt			Ijam:	svi	lle				Fr	reder	ick	(	
SE	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT	ION							ISIDE CITY	
듬	Maryland	Frede	erick		I I	iamsv	i 1 1 4	2					ŀ		MITS?	
4	10e. STREET AND NUMBER	1100				- WILLS		ZIP CODE				10g. CITI	ZEN OF W			
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3	11. MARITAL STATUS	7.	12. WAS DECEDENT EVE					ENDENT OF HI					14. RACE		ericen Indien,	
BY F	1 Never Married 2 1		FORCES? 1 Y	R DATES	NO			2 NO S		Puarto Hican	, etc.)		Specif		, atta	
	3 Widowed 4 Divor		Peaceti										Whi	te		
COMPLETED	15. DECE (Specify only	DENT'S EDUC highest grade	CATION completed)	(0	Bive kind of	USUAL OCC				16b. KIN	D OF BUS	INESS/INE	DUSTRY			
E	Elementary/Secondary (0-	-12)	College (1-4 or 5+)	· MA	e. Do NOT u	se retired.)						•				
MP	3						-						orat	.1or		_
8	17. FATHER'S NAME (First, Mil	ddle, Last)	D					16. MOTHER'S	S NAME	(First, Middle	, Maiden	Surname)	_			
BE	Frank		Brid										Scoo	qir	IS	
2	19a. INFORMANT'S NAME (7)	THE CITE		19				nd Number or R		te Number, C	aty or Town	n, State, Zip	Code)			
	Elizabeth Da			BOL 51 10			بريكونون	a - 10					014 -			
	1 N Buriel 2 Cremation	n 3 🗆 Reme	oval from State	other p	Hace)	Te hiller of the		netery, crematory		,			City or To			
	4 Donation 5 Other		ENSEE -	Garde	5112 0.	f Fai		10-1			Rg.	I TIMO	ore.	Mar	ryland	
		431	D /-112					ard J.			00					
	Ernest/L	fev.	st AII			5	305	Harfor	rd R	Road.	Balt	to. M	1d. 2	121	4	
	23. PART I. Entar tha di		complications that cau List only one cause o			not antar t	he mo	de of dying,	such a	a cardiac	or reapl	retory an	rest,		Approximate	100
	IMMEDIATE CAUSE (Fin		List Only One Cause o	ni each mi	1										Onset and Da	
	disease or condition resulting in death)	<b>→</b>	. RE	Spira	torus	aus	TES-	_							MIN	
	. Canada in touting	1	DUE TO (OR	AS A CONSE	EOUENCE	OF):						-			ol o	
Z	Consentable Hat a service			cum										(	clays	
CERTIFICATION	Sequentially list conditi if any, faading to immed	diata	DUE TO JOR	-											6 mo?	
2	cause. Enter UNDERLYI CAUSE (Disease or Inju		c		Ouc			٨						-   1	w Muu ,	
불	that initiated eventa resulting in death) LAS		OUE TO (OR					1 . 1							6 mo	
H			d. Mes	000 100	tic C	ceno	1	tem !	un	of Co	euce	21		-	g mu	
ارد	PART II. Other algnifica	nt condition	a contributing to das	th but not	resulting	in the und	lariyin	g cause give	n in Pa	nt 1. 24a		AUTOPSY	24b		AUTOPSY FINDIN	IGS
MEDICAL		mos	MATE COLL	941	ASC	an				_ 10	PERFOR	-			ABLE PRIOR TO LETION OF CAUS	E
										_   ``					YES 2 TO	
										_						
PHYSICIAN	25. WAS CASE REFERRED TO	O MEDICAL					26. PI	LACE OF DEAT	H (Check	confy one)						
SIC	EXAMINER?		HOSPITAL: 1   Inpetient 2   ER/	Outpatient	3 🗆 DOA	OTHER		no 5 A Moside	ence 6	Other (Sr	pecify)					
Ĭ	27. MANNER OF DEATH		26a. DATE OF INJU	JRY	26b. TII	ME OF	26c. INJ	JURY AT		6d. DESCRI		NJURY OC	CURED			
		Pending Investigation	(Month, Day, Ye	ear)	IN	JURY M	1 🔲	ORK? YES 2 N								
) BY	2   Accident	Could not be	28e. PLACE OF INJ	JURY — At I	nome, farm,	street, facto	ry, offic	:0	2	61. LOCATIO			or or Rural i	Route N	umber,	
빌		determined	building, etc.	(abeculy)						City or To	wn, State)					
E	29a. CERTIFIER	TIFYING PHYS	CIAN: To the bast of my i	(nowledge /	death occur	red at the tie	ne, dete	and place, an	d due to	the cause/s	n) and me-	nner en ets	nted.			
COMPLETED	one)		R: On the basis of examin											e) and r	nenner aa state	d.
	29b. SIGNATURE AND TITLE				-			29c. LICENS							h, Day, Year)	_
BE	Moc	VAA	ncul.	1 4	11			Drov	( C	20		≥ 4	10/	1//	90	
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAUSE O	F OEATH (IT	EM 27) (Typ	e, Print)		_ ~~	,	70				- 1	70	_
	Melvin							Colum	nhia	Mal	240	1//				
1	31. DATE FILED (Month, Day,		Pa. REGISTRAR'S	SIGNATULE	مختمان	V PI	ice.	Colum	mrg	مالالام	211	144				
		1990	Huha Davido	De la												



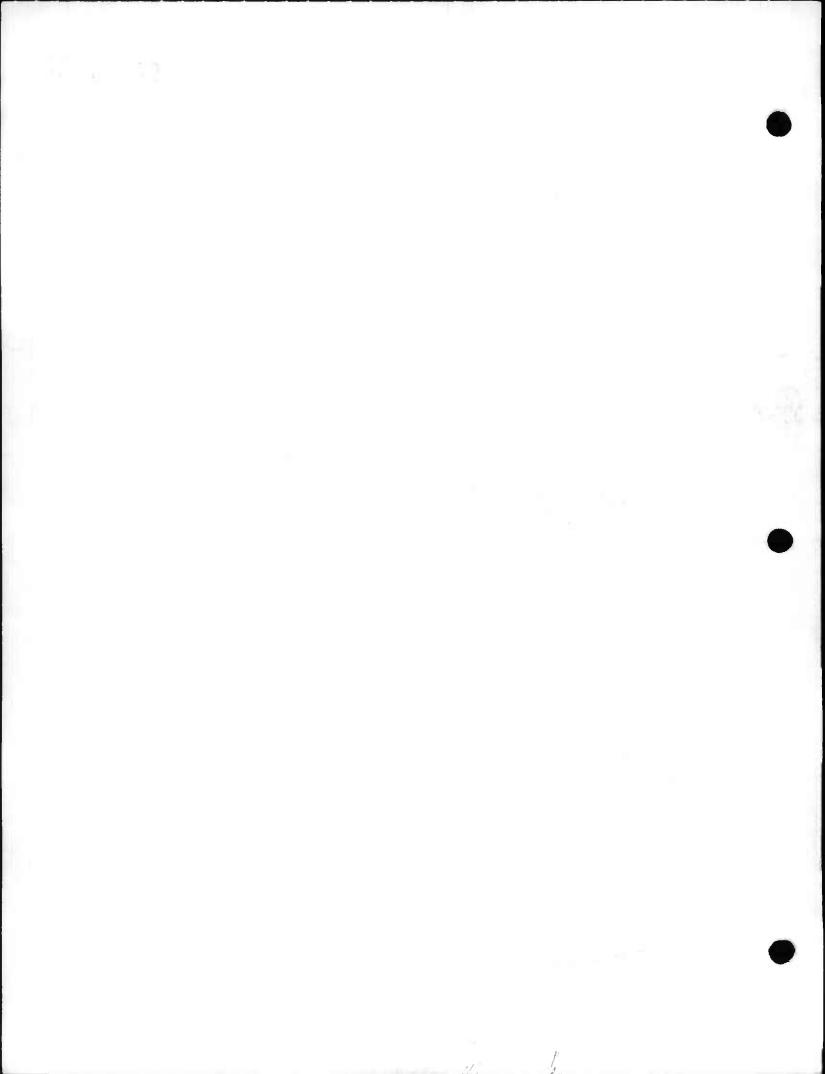
ND 21203-3146

BALTIMOR

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH		HYGIEN REG. NO.	ī
l. D	DECEDENT'S NAME (First, Middle, Lest)		2. DATE O	F DEATH	_

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Las							2. D.	ATE OF DEATH	90	YEAR	3. TIME OF DEATH 5pm
<del>John E</del> Beat	_			_					, ,,		- "
4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	MONTHS		F UNDER 24 HRS. OURS MIN.	7. D/	TE OF BIRTH		8. BIRTH Count	PLACE (State or Foreign Pennsylva
97-07 2702	X□ M 2 □ F	80	YRS.					10 10			
9a. FACILITY NAME (If not institution, give		00 **	, 5,			LOCATION OF OR	ATH			NTY OF D	
St Joseph Hosp	pital /6	20 Yo	rk Ra	'-	T.OMSC	on, Md			В	alt	0
10a. STATE 10b. COUN	NTY		10c, CITY	Y, TOWN C	OR LOCATION	4					10d. INSIDE CITY
						В	al	to			LIMITS?
DO. STREET AND NUMBER					10f. ZI	رير CODE	а⊥		10a, CIT	IZEN OF	WHAT COUNTRY?
						21214					
3520 Ails	A WAS DECEDE	NT EVER IN U.S	3. ARMED	13.			IIC OR	IGIN? (Specify Yea	or No-	14. BAC	E — American Indian,
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES?	WAR OR DATES	∐ NO			y Cuben, Mexico	n, Pua			Spec	k, White, etc.
15. DECEDENT'S EL	DUCATION		. DECEDENT'S	USUAL O	CCUPATION			16b. KIND OF BUS	INESS/IN	DUSTRY	
(Specify only highest gra	ide completed)		(Give kind of v life. Do NOT us	work done	during most of	of working		100.1010-01-000			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Write	or				Solf	Emolo	hove	
7. FATHER'S NAME (First, Middle, Last)			MI 1 U	CI	1	6. MOTHER'S NA	ME /F	rst, Middle, Maiden		JAEG .	
Vincent Beahn								McFadder			
9a. INFORMANT'S NAME (Type/Print)			19h Man INO	ADDRESS	S (Street and			Number, City or Town		in Corte	
Mrs. Dorothy E. E	Roahn	1									
On METHOD OF DISPOSITION	Cal # I	201 51	ACE OF DISPOS				IIOI.	e, Marylar		City or To	Dura State
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☐ Donation 5 ☐ Other (Specify)	LICENSESS P	INDSU	nory ke			ADDRESS OF FA			11 (111)	יו פוע	Maryland
· MI IN	11/	L									
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ahock, or heart failuh iMMEDIATE CAUSE (Final disease or condition	6. List only one ca	use on each	lina.	not anter	r tha moda	of dying, auc	h aa		ratory ar	rreat,	Approximate Interval Between Onset and Death
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Richmond
31. DATE FILED (Month, Day, Year)

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Pages 1, 2, 3 should

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH AND	MENTAL HYGIEN REG. NO	E	2/829
1. DECEDENT'S NAME (First, Middle, Last)  James L	Bow		TC.	2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-12-5544	6. SEX 6. AGE (In yrs. Ins	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-28-191	8 M	BIRTHPLACE (State or Foreign Country) Iaryland
99. FACILITY NAME (If not institution, give stree 3706 Laburman Driv			y, town or Location of Di Ida11stown	EATH	Balti	more County
Maryland Balti	more	10c. CITY, TOWN	or Location 11stown			10d. INSIDE CITY LIMITS? 1 YES 2 K NO
3706 Laburman Dri:  11. MARITAL STATUS  1 Never Merried 2 🖾 Merried			101. ZIP CODE 21133		US	
11. MARITAL STATUS 1 Never Merried 2 🔀 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 X YES 2 ☐ I IF YES, GIVE WAR OR DATES	NO	WAS DECENDENT OF HISPAI If yes, apecify Cuban, Mexica 1 ☐ YES 2 ☒ NO Specifi	in, Puarto Rican, atc.)	or No.— 14.	RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade co	moleted) (G	chinist &	during most of working	18b. KIND OF BU		
17. FATHER'S NAME (First, Middle, Last)  James Levering B	owen Sr.		18. MOTHER'S NA	ME (First, Middle, Maiden Josephine	Surneme)	
19a. INFORMANT'S NAME (Type/Print) Mrs. Lucille Bowen			S (Street and Number or Rural arman Dr. Ra			21133
20e. METHOD OF DISPOSITION  **Total Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee Committee	al from State 20b. PLACE other pi	View Me	emorial Park	Syl	cesvil1	
21. SIGNATURE OF FUNERAL SERVICE LICEN  OF LA	NSEE		NAME AND ADDRESS OF FA LOTING Byers 3728 Liberty			
23. PART I. Enter the diseases, or con ahock, or heart failure. Lis IMMEDIATE CAUSE (Final	mplications that caused the de at only one cause on each line		r the mode of dying, suc	ch as cardiac or resp	iretory srreat	, Approximate interval Between Onset and Death
disesse or condition reaulting in daeth)	cardiac  DUE TO (OR AS A CONSE	arres	<b>*</b>			immed
Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	a of th	e lung		18 mos
PART II. Other significent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH	contributing to deeth but not	resulting in the u	nderlying cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТНЕ	26. PLACE OF DEATH (C	heck only one)		
1 TYES 2 KNO 27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME OF	rsing Home 5 Reeldence	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCUP	PED
2 Accident investigation	(Month, Day, Year)  28e. PLACE OF INJURY — At he building, atc. (Specify)	INJURY M ome, farm, street, fa	WORK? 1 YES 2 NO	261. LOCATION (Street City or Town, State		Rural Route Number,
CONTROL ONLY	AN: To the best of my knowledge, d					
29b. SIGNATURE AND TITLE OF CERTIFIER	On the basic of examination end/or	Investigation, in my	29c. LICENSE NU D344	MBER		ause(e) end menner ee stated.  IGNED (Month, Day, Year)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND

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000	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no	
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REGISTRAR		U	ERTIFIC						
1. DECEDENT'S NAME (First, Middle, Las	)					2. DATE OF	DEATH	YEAR	3. TIME OF OEATH
JOHN			BROWN		JR.	10	7	90	
4. SOCIAL SECURITY NUMBER 219-30-4107	6. SEX	6. AGE (In yrs. les		NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF	14-34	8. BIFTTI Count	N . C .
98. FACILITY NAME (If not institution, give 419 EAST BIDDI RESIDENCE OF DECEMENT					ORE CITY		9c.	COUNTY OF	DEATH
10a. STATE 10b. COUN	тү			OWN OR LOC	E, CITY				10d. INSIDE CITY LIMITS?  TO YES 2 NO
100. STREET AND NUMBER 419 E. BIDDL	E STREE	Т			01. ZIP CODE 21202		104	USA	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Married  3 Vidowed 4 Divorced	12. WAS DECEDENT	YES 2 X		If yes, s	CENDENT OF HISPA specify Cuben, Mexic S 2 NO Spec	an, Puerto Ric		14. RAC	E — American Indian, ik, White, etc.
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 10th			ECEDENT'S USU Blve kind of work DO NOT use re DRIVE	done during ri tired.)	TION nost of working	16b, K	IND OF BUSINES	SS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) JOHN BROWN	SR.				16. MOTHER'S N		die, Maiden Sume E E	ame)	
19a. INFORMANT'S NAME (Type/Print) LUCY GRAY		19			end Number or Rura				21202
20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	moval from State	20b. PLACE other p	of OISPOSITIO	ON (Name of a	emetery, crematory of EMETERY			ON — City or T	own, State
21. SIGNATURE OF FUNERAL SERVICE  23. PART I. Enter the diseases on shock, or heart feliur	r complications that	caused the d	eeth. Do not	22. NAME	MARCH I	.н. 11			Approximats interval Between
23. PART i. Enter the diseases, on shock, or heert fellur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Squam  DUE TO (  c. DUE TO (  d	caused the dee on sach line OUS CA (OR AS A CONSE	eeth. Do not e	anter the n	MARCH Flode of dying, su	ch as cardle	c or reapirato	) CL	AVENUE Approximata Interval Between Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-1 gents after death, Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the turneral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or egiptical	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLANI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIE	NE 9	0 2783					
1. DECEDENT'S NAME (First, Middle, Last)	Bell 10		ee Bell	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER  237-22- 0094  9a. FACILITY NAME (If not institution, give	1 □ M 2 ← F 7 4	YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS.  B DAYS HOURS MIN.  TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Dey, Year) 8-17-1	6 Sc. COUNTY	BIRTHPLACE (State or Foreign Country) N . C .					
LIBERTY MEDIO			ALTIMORE CI	LTY							
MD 10a. STATE 10b. COUNT	ΓY	BALTI	MORE CITY			10d. INSIDE CITY LIMITS? 1 K YES 2 NO					
1610 CLIFTON		122	2 1 2 1 7		U	N OF WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	. □NO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specif	en, Puerto Rican, etc.)		BLACK					
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed)  College (1-4 or 5+)	Ille. Do NOT use retired	ne during most of working d.)	16b. KIND OF E	BUSINESS/INDUS	тяу					
17. FATHER'S NAME (First, Middle, Last)	2yr. College	рге	ss Maker 18. MOTHER'S N.	AME (First, Middle, Meld	ten Surname)						
William  19a, INFORMANT'S NAME (Type/Print)	Taylor_		Lanor								
Catherine Fin	nney	1610	ESS (Street and Number or Aural Clifton Av	enue/Bal	timore	, Md. 2121					
20g. METHOD OF DISPOSITION  1 Suriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)  21. SIGNATIPH OF FUNERAL SERVICE L		her place) KING MEM	(Name of cemetery, crematory or PK CEME') 22. NAME AND ADDRESS OF F	TERY R	ANDALL	y or Town, State					
IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cardio pu	MOMONATE	y Arrest		spiratory srres	it, Approximate interval Betwo					
Sequentially ilet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  A Spiration Pnaumuna  Due To (or As A consequence of):  Multiple injected Decubit  Due To (or As A consequence of):  d.											
PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PREFORMED? 1 Uses 2 MNO  24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE COMPLETION OF CLOSE C											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
1 TYES 2 X NO	1 Pinpatient 2 ER/Outpatie	mt 3 DOA 4 D	Nursing Home 6 - Residence		ecify) BE HOW INJURY OCCURED						
1 Natural 5 Pending	(Month, Day, Year)	26b. TIME OF INJURY	26c. INJURY AT WORK?  1 YES 2 NO	280. DESCRIBE NO	IOW INJURY OCCURED						
3 Suicide 6 Could not b	28e, PLACE OF INJURY -		mber or Rural Route Number,								
29s. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.											
29s. CERTIFIER 1 CERTIFYING PHY				ne time, date and place,	, and due to the o						
29a. CERTIFIER (Check only	INER: On the basis of examination en	nd/or investigation, in m	29c, LICENSE NO	UMBER	29d. DATE S	cause(e) and manner as state BIGNED (Month, Day, Year)					
20e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	INER: On the basis of examination en	e Alicev	29c, LICENSE NO	Chemical Annual Parameters	29d. DATE S	cause(e) and manner as stat					

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be notified at once.

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4	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 ours after death. Patie about	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the whole deciring	2	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examinar must	ı
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	1 - STATE REGISTRAR	STATE OF MARY		ITMENT OF			GIENE 3. NO.	90	27832		
	1. DECEDENT'S NAME (First, Middle, Last)	VINCENT P	040			2. DATE OF DEA	T9 pay 199	0 YEAR 5	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 218-07-1712	6. SEX 6. AG	E (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRT (Month, Dev JUNE 1]	do moi	Country)	DE (State or Foreign		
OR	98. FACILITY NAME (It not institution, give	tospital		96. CITY, TOWN	OR LOCATION OF DE	ATH		INTY OF DEATH			
DIRECTOR	100, STATE 10b, COUNT MARYLAND BAL	TIMORE		Y, TOWN OR LOC	ATION				INSIDE CITY LIMITS?  YES 2 1 NO		
FUNERAL (	100. STREET AND NUMBER 9407 PERRY HALL	BOULEVARD			101. ZIP CODE 21236		10g. Cr	TIZEN OF WHAT	7.2		
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 X YI IF YES, GIVE WAR OF	8 2 NO	II yes,	ECENDENT OF HISPAN specify Cuben, Mexice ES AND Specify	n, Puerto Ricen, e		14. RACE — A Black, Wh Specify: WHITE	American Indien, lite, etc.		
	15. DECEDENT'S EDI (Specify only highest grad		16e. DECEDENT'S (Give kind of life. Do NOT u	work done during		16b. KIND (	OF BUSINESS/IN				
COMPLETED	N/A  17. FATHER'S NAME (First, Middle, Last)	/A	WAREHOUS	SE FORE	18. MOTHER'S NA	ME (First, Middle, A	ICAN OI	L			
TO BE C	VINCENT P. BONOM  190. INFORMANT'S NAME (Type/Print)  DODIES N. BONOMO				MARTHA I	Route Number, City			YLAND 21235		
	DORIS M. BONOMO  20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ref	noval from State	20b. PLACE OF DISPO other place)	SITION (Name of	cemetery, cremetory or	2	10c. LOCATION -	- City or Town,	State		
	4 Donetion 5 Other (Specify)		MOKELAND I	22. NAME SCHI	AND ADDRESS OF FA MUNEK FUNI	CILITY ERAL HON	BALTIMO ME, INC		AND 21236		
CERTIFICATION	23. PARTI. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO (OR A DUE TO (OR A C.	n aach lina.	S Auz H	noda of dying, suc	h as cardiac or	respiratory a	rrest,	Approximata interval Between Driset and Death		
MEDICAL	PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i.  Acute Wild Coudial Infave Turn  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER: 4 - Nursing H	PLACE OF DEATH (Ch		ffy)				
B≺	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28e. PLACE OF INJUI		JURY M 1 [	INJURY AT WORK? YES 2 NO			INJURY OCCURED  and Number or Rural Route Number,			
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (S	Specify)			City or Town	n, State)				
	anal	IER: On the basis ot examin				time, date end pi	lace, end due to	the ceuse(s) end	0.0001000000000000000000000000000000000		
TO BE		Khzurm		e, Print)	29G, LICENSE NO	WDEH	<b>&gt;</b>	io , 9	90		
	120 SiStev 31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S S	IGNATURE	re	Tow	sen	21.	204			
31. DATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  OCT 1 2 1990 Airia Davidson-Randalle											

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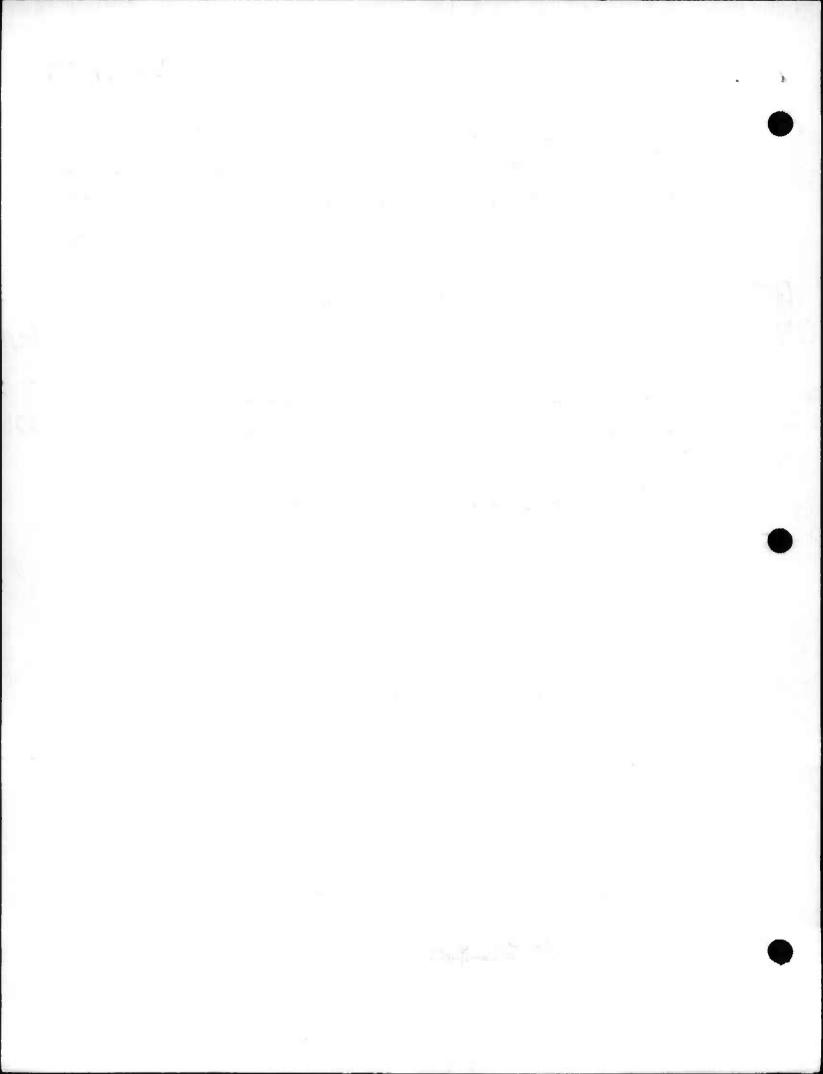
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 module. Page 6 may be retained by the hospital of TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up a filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21205 curs after death. Page 6 may be retained by the hospital or

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Lest) B. Barsotti 2. DATE OF DEATH MONTH DAY 1996 914 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) F under 1 YEAR IF UNDER 24 HRS. 1   MONTHS   DAYS   HOURS   MIN.   OCV. 4 1918   S. BIRTHPLACE (State or Foreign Country)   OCV. 4 1918   OCUMPY)   OCV. 4 1918   OCUMPY   OCV. 4 1918   OCCUPY   OCV. 4 1918   OCCUPY   OCV. 4 1918   OCCUPY   OCV. 4 1918   OCCUPY   OCV. 4 1918   OCCUPY   OCV. 4 1918   OCCUPY   OCCUPY   OCV. 4 1918   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCCUPY   OCC
HO	Se. FACILITY NAME (If not institution, give street and nymber)  St. Joseph Hospital Towson Battimore  RESIDENCE OF DECEMENT
DIRECTOR	10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  1 UPS 2 SE NO
FUNERAL	106. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  27. OF CODE  109. CITIZEN OF WHAT COUNTRY?  11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian.
à	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMEO FORCES?  1 YES Z NO If YES, GIVE WAR OR DATES  13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly Cuban, Maxican, Puerto Rican, stc.)  14. RACE — American Indian, Black, Whita, stc.  15. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  16. RACE — American Indian, Black, Whita, stc.  17. Yes 2 NO Specifly:  18. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes, specifly:  19. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
re i en	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY
COMPLE	17. FATHER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (First, Middle, Melden Surname)
TO BE	19a. INFORMANT'S NAME (Type/Print).  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Factorial States City on Town, State, Zip Code)
	20a. METHOD OF DISPOSITION 19 Removal from State 4 Donation 8 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cemetary, crematory or other place)  20c. LOCATION — City or Town, State  20c. LOCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACCATION — City or Town, State  20c. ACC
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  STANS CHAPLOF DEMORILY  8800 HARFORD ROAD - PARKY ILLE
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.    Approximate interval Between Onset and Death
	disease or condition resulting in death)  a. Bilance Pullimenta
NOIN	Sequentially list conditions, if any, leading to immediate  DUÉ TO (OR AS A CONSEQUENCE OF):  Acrite Mysicarchial infantion  DUÉ TO (OR AS A CONSEQUENCE OF):  Terminal Lulart
RTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST  C. Due TO (OR AS A CONSEQUENCE OF):
AL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MOSPITAL:  OTHER:
	1 VES 2 0400 1 1 Anpetlant 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATN 28a. DATE OF INJURY (Morth, Day, Year) 28b. TIME OF INJURY WORK?  1 Netural 8 Pending M 1 VES 2 NO.
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COMPLE	29a. CERTIFIER (Check only one)  29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29a. CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.
O BE C	296. SIGNATURE AND TITLE OF CERTIFIER  JOSEN L. C. LZNMD. D27670  10/8/90  10/8/90
_	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  8903 Hayfack Rd Baltimal Md 21234
	31. DATE FILED (Month, Day, Year).  32. REGISTRAR'S SIGNATURE  OCT 1 2 1990 Suha Navidron Render



RAYMOND Steve BUZZYNSKI  4. SDOML SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FOR SECURITY NAME (FO		REGISTRAR  1. DECEDENT'S NAME (First	st, Middle, Last,	)		CERTIF	ICATI	UF	DEAT	1	2. DATE O	F DEATH	, ,	EAR 3.	TIME OF OEAT
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196. INFORMANT'S NAME (TyperPrint)  196. MALING ADDRESS (Street and Number or Partal Route Number, City or Town, Stein, Zip Code)  197. Nancy Byczynski  198. METHOD OF DISPOSITION 10. Burist 2   Ceremetion 3   Removal from State 10. Donation 8   Other (Specify)  21. SIONATURE OF FURENCE LICENSEE  22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY 32. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  187. Sequentially list conditions, farmy, leading to immediate cause. Enter UNDERLYING 24. CAUSE (Final disease or conditions)  25. VAB CAUSE (Clease or injury that initiated events resulting in death) LAST  187. LOTHER is significant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. DUE TO (OR AS A CONSEQUENCE OF):  27. WAS CAUSE (REFERRED TO MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST ON MEDICAL LIST	_	Edward Ja	mes By	czynski					Ida	Ale	ksaz	a			
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A   Donation   Solider (Specify)   Holy Cross Cemetery   Anne Arundel, Md.	-					625 Hammonds Lane Baltimore.							Maryla	nd 2	1225
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval onset of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part		20a. METHOD OF DISPOSI 1 △ Burial 2 ☐ Cremet	ITION tion 3 □ Re	moval from State	20b. Pi	ther place)									
237 E. Patapsco Ave., Balto., Md. 212   23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.   Approximate shock, or heart failure. List only one cause on each line.   IMMEDIATE CAUSE (Final disease or condition resulting in death)   Due to (or as a consequence of):    Sequentially list conditions, fram, leading to immediate cause. Enter UNDERLYING   CAUSE (Disease or injury bute to (or as a consequence of):   Due to (or as a consequence of):   CASTIONINTS TIME MALIGUARY				LICENSEE ·											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition) resulting in death)  2.		& pines	しるし	rolarele	Devel	buch	4				М	cCully	/ Fune	ral	Home
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. PLACE OF DEATH (Check only one)  1   YES 2   NO    1   Natural   S   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pending   Pendin			-		-		11	727	E Da	tano					
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTOPSY ANALASIE PRI COMPLETION COMPLETION COMPLETION COMPLETION OF DEATH?   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO   1 YES 2 NO		23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart fallure	a. Let only one ca	at caused the contract of the cause on each of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause	ha death. Do h line.  OAC /f ONSEQUENCE (	Fed 01	TAH	de of dyir	ng, such	co A	ve., E	Balto.	, Md	Approximintarval
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO		23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)  Sequentially list cond if any, leading to imm cause. Enter UNDERLY CAUSE (Disease or in that initiated events	diseases, or heart failure final	a. Let only one ca	at caused the suse on each of the suse on each of the suse on each of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse of the suse	ha death. Do h line.  OAC IF ONSEQUENCE CO METAS ONSEQUENCE CO MISS 7 (	FOR OFF	TOTH	ode of dylr	ng, such	SCO A	ve., E	Balto.	, Md	Approxim
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OHMH-16 Rev 1/89

hospital or attending physician.

added for use as the burial-training permit. Pages J. 2,13 should 4 / 90

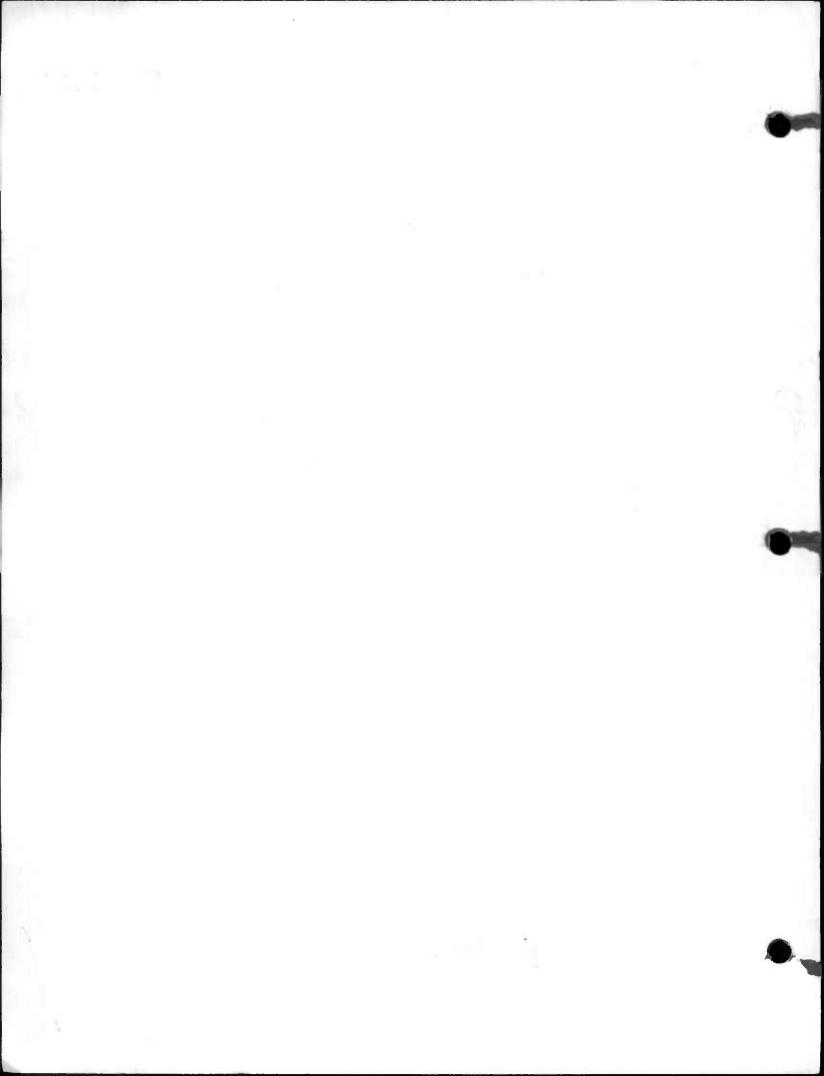
AND 21203-3146

ITEM:28c per ME G-668 10-26-90 cm

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

90 27835

	1 - STATE REGISTRAR	OIMIL OI	CE		ICATE			MEMAL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)		-						F DEATH	4 W	WE 1 0	3. TIME OF DEATN
		Gregory	W.J.	Ba	arnes			10	-10-9	Ö	YEAR	12:06PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	birthday)	IF UNDER 1		F UNDER 24 HRS.	7. DATE O	F BIRTH		8. BIRTN	PLACE (State or Foreign
	212-78-7687	1 🔀 M 2 🗆 F	31	YRS.	MONTHS	DAYS H	OURA MIN.	8	Day, Year)	59	Nort	n Carolina
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, T	OWN OR L	OCATION OF			-	NTY OF D	
DIRECTOR	University Hosp:	ital			E	alti	more (	City				
EC	10e. STATE 10b. COUNT	٧		10c. CIT	Y, TOWN OR	LOCATION	(					10d. INSIDE CITY LIMITS?
5	MD				Ba	time	ore					1 YES 2 NO
AL.	10e. STREET AND NUMBER						P CODE			10g. CI1	IZEN OF W	VHAT COUNTRY?
FUNERAL	1454 Mount More	Court 145	4 MOUNT!	MOR (	COURT	2	21217			US	Α	
5	11. MARITAL STATUS		T EVER IN U.S. AR				DENT OF HISP				14. RACE	- American Indian, t, White, etc.
ВУ	1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				y Cuben, Mexic		can, etc.)		Speci	
COMPLETED	15. DECEDENT'S EDU (Specify only highes) grade				USUAL OCC		d working	16b.	KIND OF BU	SINESS/IN	DUSTRY	
<u>u</u>	Elementary/Secondary (0-12)	College (1-4 or 5	Min	Do NOT u	se retired.)	ing most o	Horning					
MP				D.	river							
8	17. FATHER'S NAME (First, Middle, Lest)					10	B. MOTNER'S N	IAME (First, M	iddie, Maiden	Surname)		
BE	Jessie Huskey						Dorot	ny Bar	nes			
2	19a. INFORMANT'S NAME (Type/Print)						Number or Run				ip Code)	
	Dorothy E. Barne	<u>S</u>					its Te					21215
1	20a. METNOD OF DISPOSITION 1 M Burlel 2 Cremetton 3 Rem	ioval from State	other pl	ece)			ery, crematory or				- City or To	
	4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE	CENEE	<u> </u>	ison	Fores	±_V_	A. Cer					
	21. SIGNAL ONE OF FOLIAL SERVICE CA	Loa			22. N/	IME AND	ADDRESS OF I	Į.v.				Home-West
	Yola.	Tra	rch					4	300 M	abas	h Ave	enue
	23. PART i. Enter the diseases, or shock, or heart failure.	complications the	it caused the de	eth. Do	not enter ti	ne mode	of dying, su	ich as card	ec or reep	iratory s	rrest,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition											Onset and Death
ļ	resulting in death)	. Neck in										
		DUE 10	(OR AS A CONSE	DUENCE C	F):							
CERTIFICATION	Sequentially list conditions,	b	(OR AS A CONSE	DUENCE O	F):							
FA	if sny, lesding to immediate cause. Enter UNDERLYING				,							
프	CAUSE (Diseese or injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):							
F	resulting in desth) LAST	d										
Ö	PART II. Other significant condition	ne contribution to	death but not a	noulting.	In the und	nelvina o	euen aluna l	n Bart I	24a, WAS AN	ALITORNA		WERE AUTOPSY FINDINGS
DICAL	PART II. Other significant condition	is contributing to	deeth but not i	eeuitiiig	in the uno	arrying c	suse given i	n Part I.	PERFO		240	AWAILABLE PRIOR TO COMPLETION OF CAUSE
ă									1 YES	2 🗍 NO		DF DEATH?
Ξ								— 1				XX YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		_			24 81 40	E OF DEATH (	Oh oth out ou	-1			
PHYSICIAN: ME	EXAMINER?	HOSPITAL:	Tibere		OTHER:							
4	27. MANNER OF DEATH	26e. DATE OF	ER/Outpatient 3	26b. TIR		6c. INJUR	5 🗌 Reeldenc	_	(Specify)	INJURY O	CCHBED	
	1 Netural 5 Pending		Day, Year)	IN	20AM	WORK 1 X YES	7	Dri	ver o	f,dur	np tr	uck lost
BY	3 Suicide & Could get be	28e. PLACE (	OF INJURY At he				AA.	28f, LOCA	COL al	and Numb		Route Number,
	4 Hornicide 6 Could not be	building	, etc. (Specify)				e road	City o	r Town, State	)		County,MD
91	29e. CERTIFIER 1 CERTIFYING PHYS	MOIAN. To the book o										courtey (1415)
COMPLETED	1000	BICIAN: To the bast of a										s) and manner on stated.
	996. SIGNATURE AND TITLE OF CENTIFIE	R O				2	9c. LICENSE N	UMBER		29d, DA		(Month, Day, Year)
) BE	IN 1900	p1/					OCME			•	10-	11-90
5	FRANK PERETTI, ME	O COMPLETED CAL	SE OF DEATH (ITE	M 27) (Type L11, E	enn S	tree	t.Balt	imore	,MD 2:	1201		VC
	31. DATE FILED (Month, Day, -Year)	32 REGISTR	AR'S SIGNATURE									
31. DATE FILEO (Month, Day, Hear) - 32-REGISTRAR'S SIGNATURE  OCT 1 2 1990 Sund Davidson-Randell												



FOR STATE REGISTRAR

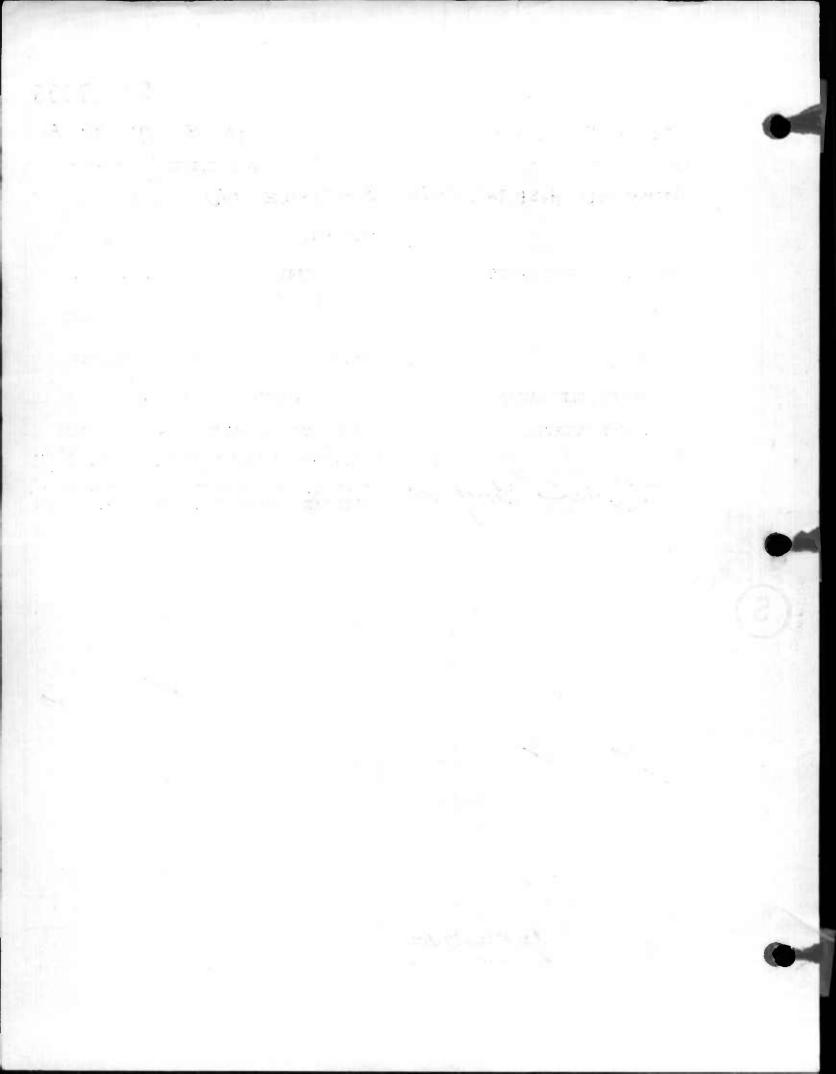
1 -

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death control of the death control of within 2 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	on, or removal.	IMPORTANT: It item 28 is marked, or Item 23 shows any injury, or other traumatic eyent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 11146,	diffe Complete within	in physician any completely	be filed within 72 hours after death with the State Dept. of Health and Mental more and the state of removal.	other traumatic eyent, t
. RECORDS, P.	law requires that the death of	is been signed by the attenut	ept. of Health and Mental m	23 shows any injury, or
ISION OF VITAL	TTENDING PHYSICIAN: The	TOR: After this certificate ha	after death with the State D.	28 is marked, or item :
DIVI	TO THE HOSPITAL DR AT	TO THE FUNERAL DIREC	be filed within 72 hours	IMPORTANT: If Item

1. DECEDENT'S NAME (First,	Middle, Last)	BAKER	8						2. DATE OF DEATH	*	Q'AR	3. TIME OF DEATH 4:40 A	
4. SOCIAL SECURITY NUME	IER		6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
216 36 92	-	1 (X M 2 □ F	51	YRS.	MONTHS	DAYS	HOURS OR LOCATI	MIN.		1939	Country	MARYLAND	
Homewoo	PH	HOSPITA	L Sou	th	B	AL	Tim	ORE	MD			MORE	
RESIDENCE OF DEC	10b. COUNT	Y		10e, CIT	ry, TOWN	OR LOCA	TION					10d. INSIDE CITY	
MARYLAND					BAI	TIM	DRE					LIMITS?	
10e. STREET AND NUMBER						10	1. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?	
3302 W. G.	ARRISO	N AVENUE					21	215		11	S	OF A.	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divo	Married	12. WAS DECEDENT	YES 2 X		13.	If yes, a	CENDENT (	OF HISPAN	IIC ORIGIN? (Specify n, Puerto Rican, etc. //	Yes or No-	14. RACE	— American Indian, White, etc.	
	EDENT'S EDU		16e. DE	CEDENT'S	USUAL	CCUPATI	ON		16b. KIND OF	BUSINESS/IND	USTRY	DUAGA	
(Specify online Elementary/Secondary (IIII) - 8	y highest grade 0-12)	College (1-4 or 5 +	) Ifo.	SELF	ise retired.)		ost of worki	ng	H	OME IM	PROVI	EMENTS	
17. FATHER'S NAME (First, IV	licicilo (ast)			0221	2.4	2011	_	HER'S NA	ME (First, Middle, Ma		110 11	31451110	
JAMES FR		DAVED									MCED		
19a. INFORMANT'S NAME (		DANEK	194	b. MAILING	G ADDRES	S (Street			ICE LOUI  Route Number, City or				
MRS. MARY	final and	ידיין	100									ID 21215	
20a. METHOD OF DISPOSIT	ION		20b. PLACE				metery, cre			LOCATION -		ND 21215 wn, Stata	
1 W Burial 2 Crematile 4 Donation 6 Other	on 3 🗆 Ren	noval from Same	WESTE	ece)					/13/90 C			RAITC	
21. SIGNATURE OF EUNER		CENSEE	T WEGIE	141 0	-		ND ADDRE			ATOMOT.	I DUL	CO.	
Len	is :	J Su	refuse	1					N FUNERA			215-6393 RE MARYLAN	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause).													
DUE TO (OR AS A CONSEQUENCE OF): That initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other significent conditions contributing to death but not resulting in the underlying causs given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 140 COMPLETION OF CAUSE OF DEATH?  1 YES 2 140													
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:													
EXAMINER?  1 YES 2 And  1 Input lent 2 ER/Output lent 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)  27. MANNER OF DEATH  280. DATE OF INJURY  280. DATE OF INJURY  280. TIME OF 26c. INJURY AT 28d. DE\$CRIBE HOW INJURY OCCURED													
	Pending Investigation	(Month, D			JURY M	M	YES 2	□ NO	200. DESCRIBE R	OW INJURY OC	CORED		
a [] autiti	Could not be determined		F INJURY — At he etc. (Specify)	ome, farm,	, street, fa	ctory, off	lca		261. LOCATION (SI City or Town, S		r or Rural F	Route Number,	
Check only		SICIAN: To the best of IER: On the bests of a										) and manner as stated	
296. SIGNATURE AND TITL	y. 0	ant r	nD.				29c. LIC	3 7	MBER 203	1		(Month, Day, Year)	
TERANO		tms .	Home	200		170	SPIT	AC	BACT	Troni	m	D ·	
OCT 12	1990	gina David	A'S SIGNATURE	M.	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

27836



3	(3146,				BA	느	S	O	Ä	2	BALTIMORE, MARYLAND 21203-3146	7	A	0	2	20	6	3	9
1	encuted within 2 cours after death. Page 6 may be retained by the hospital or attending physic	A.	Jine	s afte	er d	eath.	Page	9 8	тау	pe	retained	3	the	hospi	o le	r ath	endi	2	ohysi
*	completely filled in by the funeral director, page 5 should be detached for use as the burial	y fille	u pe	J COTT	the	hunera	E G	ecto	f, pa	96	S should	20	deta	ched	Į,	USB	as I	the	burial
F	c tvent,	the	me	dica	6	cami	Je	E	ts o	9	otified	7	980	6					

-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P. OFFICE ATTENDING PHYSICIAN TO P. 1 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attent be filed within 72 hours after death with the State Dept. of Health and Mental Hymportant: If flem 28 is marked, or Item 23 shows any Injery, or

1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		GIENE G. NO.	90	278	337
1. DECEDENT'S NAME (First, Middle, Lest) Walter	Elmer	Bayne, Jr.	2. DATE OF DE	DAY	1990	3. TIME OF D	EATH

	1. DECEDENT'S NAME (First, Middle, Last)				MONTH DEATH	AY YE	3. TIME OF DEATH				
	Walter Elmer	Bayne			Oct. 10		A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A CAMPAGE AND A				
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)				
	A≥16-14-7586 12M2□F 66	YRS.	DATE DATE	noons	Feb. 3 1	924	Maryland				
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN C	R LOCATION OF DEAT	тн	9c. COUNTY	OF DEATH				
O.	St. Joseph's Hospital		Tows	on. , , .		Bal	timore				
티	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	100 CITY	TOWN OR LOCAT	1041			10d. INSIDE CITY				
E		100. 0111,					LIMITS?				
21	Maryland Baltimore		Towso	ZIP CODE		1.0.000000	1 TYES 2 NO				
RA			101								
FUNERAL DIRECTOR	524 Alleghany Avenue			21204			ISA				
3	11. MARITAL STATUS  1 Never Married 2 Married Process 1 Xes 2	NO	If yes, sp	ENDENT OF HISPANIC scify Cuban, Maxican,		a or No- 14.	RACE — American Indien, Black, Whita, atc.				
BY	3 Wildowed 4 Divorced WW		1 TYES	NO Specify:			Specify: White				
			ISUAL OCCUPATION	DN .	16b. KIND OF BU	ISINESS/INDUS	TRY				
	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of wo	ork done durina ma	st of working							
COMPLETED	Listing (14 St 5 t)	Deputy	Director Ba	r of	Bal	timore	County				
Š	17. FATHER'S NAME (First, Middle, Last)	9			E (First, Middle, Maider	Sumame)					
BE	Walter E. Bayne, Sr.			There	ese Elizab	oeth So	hene				
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural Ro	oute Number, City or Tox	vn, State, Zip Co	de)				
F	Margaret E. Bayne	same	as 10e								
	4 12 South 1 2 Commettee 2 Commettee State	NAC PERSONAL		netery, crematory or		DCATION - City	Secondary Secondary				
	4 Donation 5 Other (Specify)	aney V		emorial G		imoniu	n, Md.				
	21. SIGNATURE OF RUNERAL SERVICE LICENSIS	alore	-	ID ADDRESS OF FACE		C 1.1					
	Pauking Loens	ampfor		non-Mitch monium.							
	23. PART I. Enter the diseases, or complications that caused th		ot anter the mo	da of dying, such	ss cardiac or res	olratory srrest	, Approximats				
	shock, or heart failure. List only one cause on each	Yimb.					Interval Batween Onset and Death				
	IMMEDIATE CAUSE (Finel disease or condition										
	resulting in death)  s. Luny Cor	INSEQUENCE OF	):				<u> </u>				
z											
MEDICAL *CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	NSEQUENCE OF	):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury										
	that initiated events resulting in death) LAST	INSEQUENCE OF	):								
EH	d										
2	PART II. Other significent conditions contributing to desth but	not resulting is	n the underlyin	g ceuse given in F							
3	Emphasama Coronary	PE					AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ED	1 YES 2 NO OF										
					1 TYES 2 NO						
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)										
PHYSICIAN	26. PLACE OF OEATH (Check only one)  26. PLACE OF OEATH (Check only one)  1   YES &     NO										
H	27. MANNER OF SEATH 28s. DATE OF INJURY	28b. TIME	OF 28c. IN.	URY AT	28d. DESCRIBE HOW	Y INJURY OCCURED					
	Natural 5 Pending (Month, Day, Year)	INJI		YES 2 NO							
ВУ	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY - building at (Specific)	Al home, ferm, s	treet, factory, offic			and Number or Rural Route Number,					
COMPLETED	4 Homicide determined building, etc. (Specify)				City or Town, Stat						
LE	29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowleds	ge, death occurre	d at the time, data	and place, and due t	to the cause(a) and m	anner as stated.					
ME	(Check only one)  2 MEDICAL EXAMINER: On the best of examination as						SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SECURIOR SEC				
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	RED	294 DATE 9	IGNED (Month, Day, Year)				
BE	Maria la Stran	m		AVS. SIVELIGE NOW		<b>&gt;</b> 1	0/10/90				
2	30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH	1 (ITEM 27) (None	Print)				-11-1 (0				
	MANK STROMAS		,	Siste-	V	P	Suite 201				
	31. DATE FILED (Month, Day, Year) - 32_REGISTRAR'S SIGNATE			. 3,	,	1000					
	1 ACT 1 2 1990 Julia Bridge	1000									
1 OCT 1 2 1990 Julia Swidson Fands De.											

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IR A	IREC	E
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2000 after death. Page 6 may be retained by the hospital or the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the properties of the propert	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has find within 72 hours after death with the State Den, of Health and Mental Microse prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 90 27838					
	1. DECEDENT'S NAME (First, Middle, Lest)  Team L:  Clemens  2. DATE OF DEATH MONTH 10 07 90 3. TIME OF OEATH 10 07 90 3. TIME OF OEATH 10 07 90					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey)   IF UNDER 1 YEAR   IF UNDER 24 HRS.   7. DATE OF BIRTH (Month, Day, 1961)   10 M 2 F   32 YRS.   MONTHS   DAYS   HOURS   MIN.   4-24-1958   91775   PA,					
TOR	96. FACILITY NAME (If not institution, give street end number)  96. CITY, TOWN OR LOCATION OF OBATH  THE JOHNS HOPKINS HOSPITAL  BALTIMORE  BALTIMORE  CITY					
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  PA.  NORTHUMBERIAN  100. CITY, TOWN OR LOCATION  NORTHUMBERIAN  100. CITY, TOWN OR LOCATION  101. MISIDE CITY  LIMITS?  1   YES 2   NO					
FUNERAL	100. STREET AND NUMBER  107. ZIP CODE  109. CITIZEN OF WHAT COUNTRY?  109. CITIZEN OF WHAT COUNTRY?  109. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Widowed 4 Olivorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES  13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cultur, Mexicen, Puerlo Rican, etc.)  14. RACE — American Indian, Read, White, etc.  15. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cultur, Mexicen, Puerlo Rican, etc.)  16. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yee or No- If yes, specify Cultur, Mexicen, Puerlo Rican, etc.)					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  ElementarySecondary (0-12)  College (1-4 or 5 +)  16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY					
OMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Middle, Mid					
BE	196. INFORMANT'S NAME (Type/Print)  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Britle, Zip Code)					
2	FAMILY RECORDS SAME AS ABOVE  200. METHOD OF DISPOSITION (Name of completory or 200. LOCATION					
	4 Donetlon 5 Other (Specify) PREDVILLE AND STILLERY ME EWENSVILLIA.					
	· If hey f. Jair SHAW FUNERAL HOME MILTON, PA.					
	23. PART I Enterthe duesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapfratory arrest, interval Between Onset and Death disease or condition  A July 1 VES Divis 1 N. V. Jis Tusses Sylv Avenue.					
	Due to (or as a consequence of):  Massive blood modul transfusion 90 Jais					
ATIO	Sequentially list conditions, If any, laading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE/OF):  40 15					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  CLIEMOTHER BY FW METAS TATE BYEAST CANCER 120 Jan					
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR TO COMPLETION OF CAUSE					
WEDICAL	1   YES 2   NO   DF DEATH? 1   YES 2   NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO					
	27. MANNER OF DEATH  280. DATE OF INJURY (Morth, Day, Year)  280. TIME OF 28c. INJURY AT WORK?  1 Netural 5 Pending  M 1 YES 2 NO					
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated.  2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated.					
BE	Sugary Suriar D39 104 20d. DATE SIGNED (Morph. Day, Year)  AUT 1. WINDLU M.D., Assis Short Registert. D39104					
2	NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  THE JOHNS HOPKINS HOSPITAL  KURT A CAMPBELL, MD. 600 N WOLFE ST. BALTIMORE, MD. 21205					
	31. DATE FILED (Month, Day, Year)  OCT 12 1990  32. FLOSTRAD SIGNATURE  Find Davidson-Rendere					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - I'm after death. Prior 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTI			EALTH AN DEATH		TAL HYGIENE REG. NO.	91	0 27839
	1. DECEDENT'S NAME (First, Middle, Last)	W,	Cook					ATE OF DEATH	<b>3</b> — c	YEAR 1/20 P, M,
	4. SOCIAL SECURITY NUMBER  215_05_4710  9e. FACILITY NAME (# not institution, give str	1 M 2 - F	AGE (In yrs. lest birthda 76	MONTH		IF UNDER 24 H HOURS M	III. (M	ATE OF BIRTH fonth, Day, Year)	13	8. BIRTHPLACE (State or Foreign Country)  Marvland TY OF DEATH
TOR	Harbor Hospita		r			.Cit			9c. COON	
DIRECTOR	Maryland -				or locat D.Cit	on cy Md	•			10d. INSIDE CITY LIMITS?  125 YES 2 \( \text{NO}\) NO
FUNERAL	100. STREET AND NUMBER	nall St.			101	21.2	30			EN OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1  Never Merried 2 Merried 3. Wildowed 4 Divorced	IF YES, GIVE WAT	LYES 2 NO TOR DATES	1	If yes, sp		lexican, Pue	IIGIN? (Specify Yea into Rican, etc.)	or No—	14. RACE — American Indian, Black, White, etc. Specify White
ETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	W W 2 ATION completed) College (1-4 or 5+)	16a. DECEDENT	of work do	ne durina mo	ON st of working		18b. KIND OF BUS	INESS/INDU	
COMPL	12th.Grade 17. FATHER'S NAME (First, Middle, Lest)			ile	rmake	18. MOTHER	111-	irst, Middle, Meiden	Uni Surneme)	on
O BE	Fred (	erick	COOK 19b. MAILI	NG ADDRI	ESS (Street a			Number, City or Town		allon Code)
	Catherine H. R.  20a. METHOD OF DISPOSITION  156 Burlel 2 Cremation 3 Remo		20b. PLACE OF DISI	POSITION	(Name of car	netery, cremato	ry or		CATION — C	7 Sity or Town, State urnie, Md.
	21. SIGNATURE OF PUNERAL SERVICE LIC		IGlen Ha		22. NAME AI	ND ADDRESS	OF FACILITY	Balt	o.Mc	1.21230
	23. PART I. Enter the diseases, prosphock, or heart failure.	List only one cous	on each line.		ter the mo	de of dying	, such as	cerdiac or reepi	ratory arre	interval Between
	immediate cause (Fine) disease or condition resulting in death)  a. Exascerbation of Chronic Ofstmetive Pul. Direct  Due to (or as a consequence of):  Antero septal myo cardial in farction  Oue to (or as a consequence of):									
CATION	If any, leading to immediate									
ERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (C	DR AS A CONSEQUENCE	OF):						
C	PART II. Other significent condition	s contributing to d	lasth but not resulting	ng in the	underlyin	g cause give	en in Part	I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICA								1 🗆 YES 2	□ NO	OF DEATH?
NA I	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)									
YSIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO	4 D		ne 5 🗆 Resid	lence 6 🗆	Other (Specify)		
ВУ РН	27, MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF II (Month, De)	( Year)	TIME OF INJURY N	1 1 🗆	JURY AT DRK? YES 2	10	OEŞCRIBE HOW I		
	3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLETED	CONSCR ONLY		ny knowledge, daath occ mination and/or investig							ed. e cause(s) and manner as stated.
BE (	296 SIGNATURE AND TITLE OF CERTIFIES	T No	10 (H	HIO.	Stell	29c. LICENS	SE NUMBER		29d. DATE	E SIGNED (Month, Day, Year)

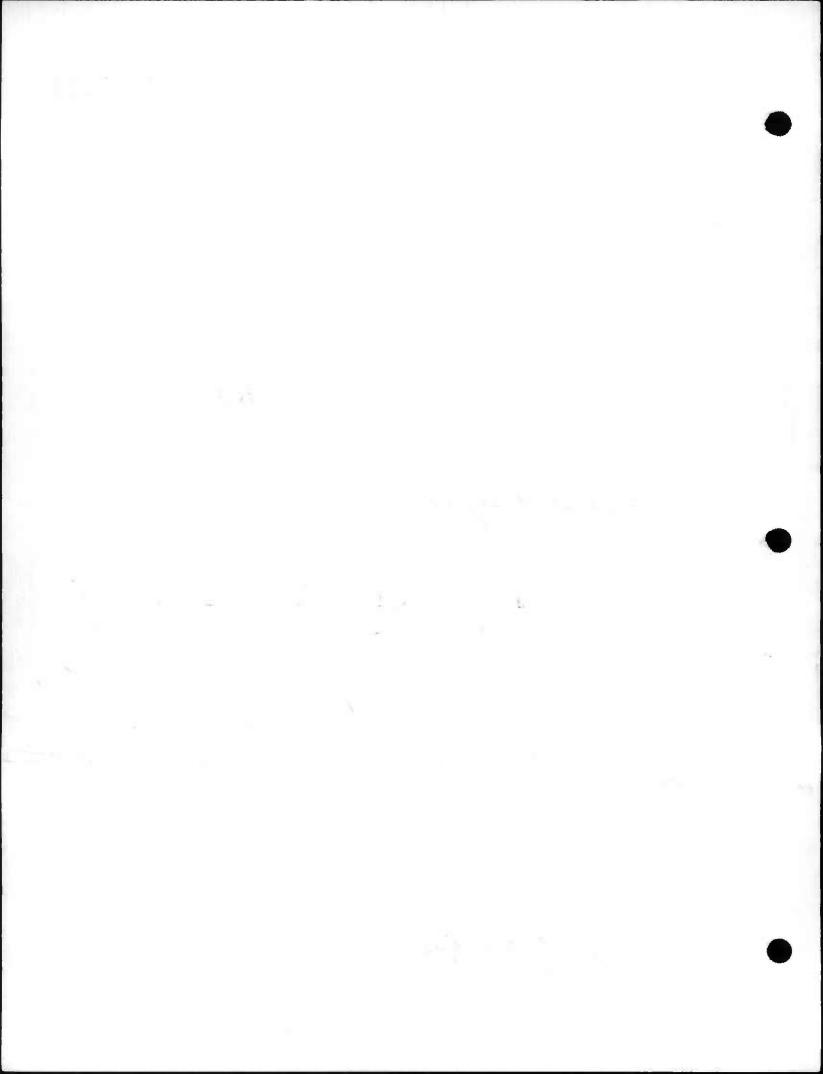
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILEO (Month Day, Sec) -

2 1990

Julia Davidson-Randell

DHMH-16 Rev 1/89



	FOR STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND I	MENTAL HYGIENE REG. NO.	50		
	1. DECEDENT'S NAME (First, Middle, Linst)  JAMES	E. COOP	FR		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	8. SEX 6. AGE (In yrs. In	YRS. # UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 5/17/18	8. BIRT Coun	HPLACE (State or Foreign try)	
TOR	2607 CHELSA TI		)	BALTIMORE		DOURT OF	JEAN .	
DIRECTOR	MARYLAND 10b. COUNTY		10c. CITY, TOWN C	MORE CITY			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	10% STREET AND NUMBER 2607 CHELSA TI	ERRACE		10f. ZIP CODE 21216	10g.		WHAT COUNTRY?	
BY	11. MARITAL STATUS 1  1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, appecify Cuben, M				E American Indian, ck, White, etc. ofly: BLACK		
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)	ECEDENT'S USUAL O Give kind of work done le. Do NOT use retired.) SELF-EMI	during most of working	16b. KIND OF BUSINESS	S/INDUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) WESLEY COOPER		. 11		ME (First, Middle, Malden Surne) ENIA NORMAN			
2	190, INFORMANT'S NAME (Type/Print)  CAROLYN DAVIS				NUE: BALTO.		. 21216	
CERTIFICATION	1   Burlel 2   Cremation 3   Removal from State 4   Donation   Other (Specify) ENTOMBMENT   ARBUTUS   MEMORIAL PARK   ARBUTUS   MARYLAND  21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   LEROY O. DYETT & SON FUNERAL HOME   4600 LIBERTY HEIGHTS   AVENUE    23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory streat, interval Between   Onset and Death   Onset and Death   Onset and Death   Onset and Death   Onset and Death   Onset and Death   Onset and Death   Out TO (OR AS A CONSEQUENCE OF):    Due TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OR AS A CONSEQUENCE OF):   OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OUE TO (OU							
MEDICAL CERT	that initiated events resulting in death) LAST  PART II. Other significant conditions	contributing to death but not	resulting in the u	nderlying ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED!  1 YES 2 N		Ib. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
BY PHYSICIAN:		1 Inpatient 2 ER/Outpatient 25e. DATE OF INJURY (Month, Day, Year)	6 Other (Specify)  28d. DESCRIBE HOW INJUR	(Specify) RIBE HOW INJURY OCCURED				
	3 Suicide 4 Homicide  28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.							
H	296, SIGNATURE) AND TITLE OFFICERTIFIER  296, DATE BIGNED (Month, Day, Year)  D28593  296, DATE BIGNED (Month, Day, Year)							
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATH (IT	TEM 27) (Type, Print)		•		•	

TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death cert

within 2. Is after death. Page 6 may be retained by the hospital or attending physician. Interest of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remaining, or removal.

event, the modical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Digit, of theath and Mental Hydra IMPORTANT: If flem 28 is marked, or item 23 shows any injury, or other contents.

31. DATE FILED (Month, Day, Year)

OCT 1 2 1990

y. REGISTBAR'S SIGNATURE

he burial-transit permit. Pages 1, 2, 3 should

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be after writin 72 hours after health with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIENI REG. NO.	9	0 27841
	1. DECEDENT'S NAME (First, Middle, Last)	1: Am C. Cervise			2. DATE OF OEATN MONTH DAY		3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTN (Month, Day, Year)	6.	BIRTNPLACE (State or Foreign Country)
	214-16-9123  9e. FACILITY NAME (If not Institution, give st	treet and number)	YRS.	9b. CITY. TOWN C	R LOCATION OF DE		9c. COUNTY	Maryland OF DEATH
מסוספע	St. Agnes Hospit			Baltim				
	10e. STATE 10b. COUNTY	′	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
5	Md		Bal	timore				K⊠ YES 2 □ NO
	3639 Clarenell Ro	De. STREET AND NUMBER			21229			S.A.
DINEFFAL	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IC ORIGIN? (Specify Yee		RACE — American Indien.
	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 X YES 2 NO If yes, specify Cuban, I I YES, GIVE WAR OR DATES  If YES, GIVE WAR OR DATES						
	15. OECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mo		16b. KIND OF BUS	INESS/INDUS1	(RY
	H/S Graduate	College (1-4 or 5+)	Accounta	ŕ		F.M.C.	Inc.	
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)	
	Stanley Cronise				Julia	E. Burns		
5	19a. INFORMANT'S NAME (Type/Print)			A20 411 12 11 12 12 12 12 12 12 12 12 12 12 1		Route Number, City or Town		
	Norma E. Cronise		b. PLACE OF DISPOSIT			Baltimore		ZIZZ9
	1 Buriel 2 Cremation 3 Remarks Property	oval from State	etro Crem	atory, I	DC , D	Bal	timore	
	21. SIGNATURE OF PURIFIAL SERVICE LIC		eanowring	22. NAME A	ID ADDRESS OF FA	CILITY		
	Teisis (. S)	mill		4107	Wilkens		Altimo	re, Md. 21229
	23. PART i. Enter the diseases, or c shock, or heart fellure.	complications that cause List only one cause on (		ot anter the mo	de of dying, auc	h ae cardiac or reapi	ratory arrest	Interval Between
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	disease or condition Acres Musicard marchion						
.	DUE TO (OR AS A CONSEQUENCE OF):							
5	Sequentielly list conditions, If any, leeding to immediate  OUE TO (OR AS A CONSEQUENCE OF):							
5	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
in local in in	that initiated events reaulting in death) LAST							
7	PART II. Other aignificent condition	na contributing to death	but not regulting in	the underlyin	g ceuse given in	Part i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
5		PERFORMED?   1					AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
1		A						1 TES 2 NO
FILISICIAN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF OEATH (Ch			
2	1 TYES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/Out			URY AT	6 Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCUP	RED
177	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY W	YES 2 NO			
בר מו	2   Account		IURY — At home, farm, street, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLEIED	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated.							
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  DEA + AS 243 8 528-665 >  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  AV. CALTIMORE, MD ZIZZY  31. DATE FILED (Month, Day, Year)  101090CT12 1990 June Levidon-Rondelle							29d. DATE S	IGNEO (Month, Day, Year)
31. DATE FILED (MONTH, Day, Your) 1010 90CT 12 1990 Julie Suidson-Randelle								

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Hygiene prior to physician a

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L DIRECTOR: After to hours after death

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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2. REGISTRAR'S

wie Davidson-Randell

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31. DATE FILED (Month, Day, Year)

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cremation, or

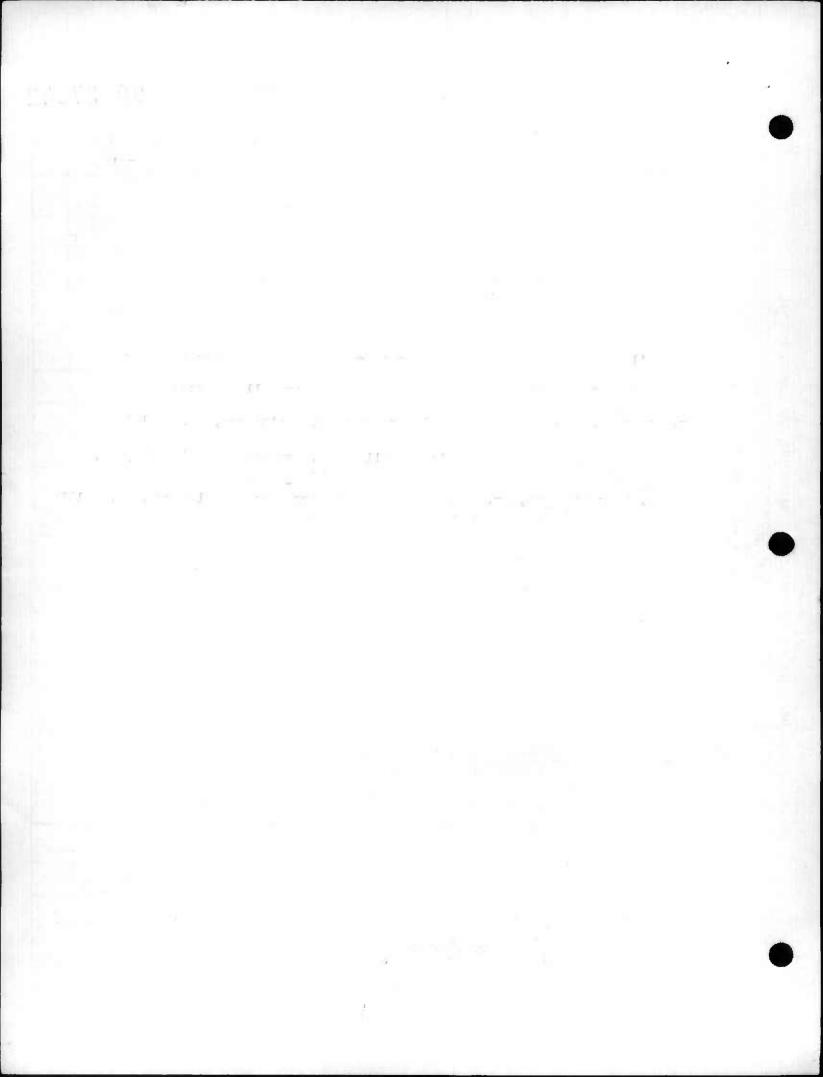
examiner

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 90 27842 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH MONTH DAY VEAR Bernard Dunn Joseph 10 08 6:04 a M 90 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign Maryland 1 M 2 D F 67 YRS. 215-12-9254 06/26/1923 9c. COUNTY OF DEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Greater Baltimore Medical Center DIRECTOR Towson Baltimore 10b. COUNT 10c CITY TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 TES 2 NO MD Baltimore Baltimore FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? USA 220 E. Susquehanna Avenue 21204 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES WWW. II 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 YES 2 X NO White BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Seco Overhead Door Mechanic once. 18. MOTHER'S NAME (First, Middle, Maiden Surname)
Mary Ellen Sutton 17. FATHER'S NAME (First, Middle, Last) Raymond Joseph Dunn notified at 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
10 Primage Ct. Baltimore. Md. 21234 19a. INFORMANT'S NAME (Type/Print) 2 Mr. Robert J. Dunn 10 Primrose Ct. Baltimore, Md. must be 20a METHOD OF DISPOSITION
1 Burlai 2 Cremation 3 1 20b. PLACE OF DISPOSITION (Name of cametery, cramatory or 20c. LOCATION -- City or Town, State Dulaney Valley Mem. Gardens Timonium. Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY
MITCHELL-WIEDEFELD HOME, INC. Sherman Denny 21212 6500 York Road Baltimore, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) G.I. Bleed other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Cirrhosis with portal hypertension & coagulopathy
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING Myocardial Infarction and Pulmonary Edema CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 ☐ YES 2 ☐ NO 1 YES 2 NO certificate has been the state Dept. of the Man 23 st PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inputiont 2 | ER/Outputient 3 | DOA OTHER: 1 YES 2 NO 4 Hursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER DF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, 1 Natural 8 Pendir 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJUSTY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED a Could not be 4 🔲 Homicide 28 Hem 29a. CERTIFIER

(Chart not)

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF THE FUNERAL D De fied within 72 M 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE mn 2

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
if examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital or attl	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing
BALTIMORE, MARYLAND 2120	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

29e. CERTIFIER (Check only one)

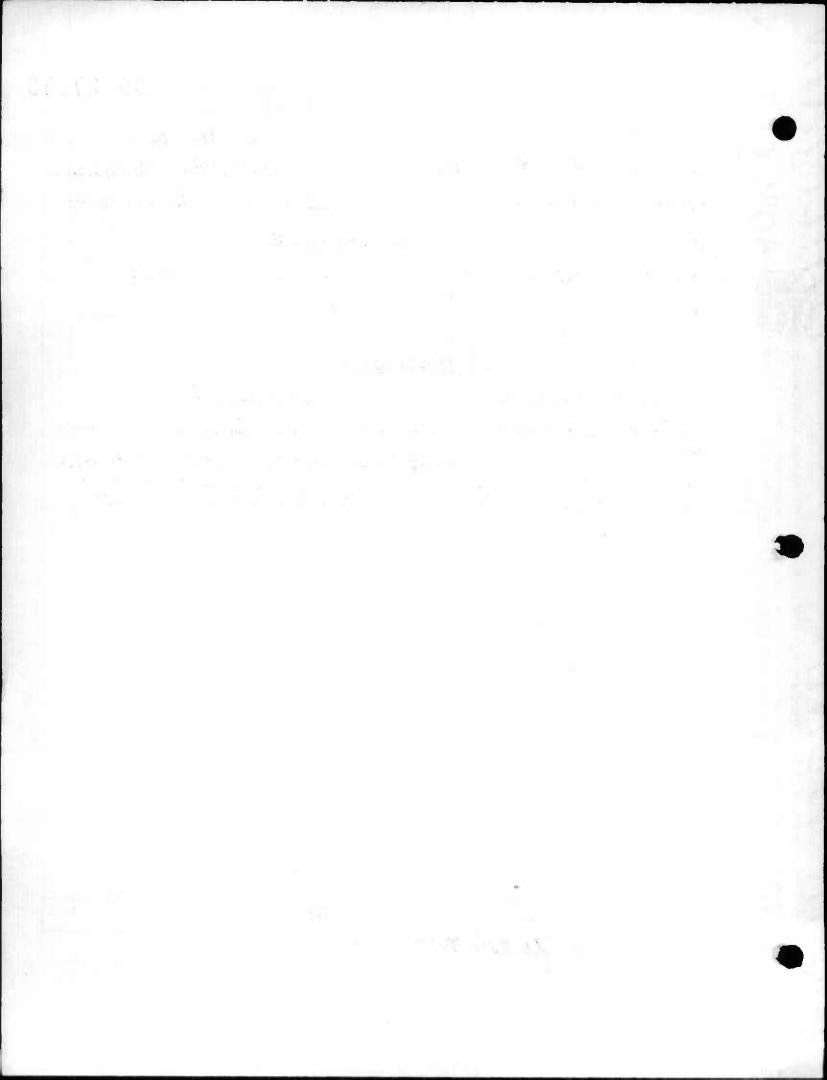
FOR STATE	STATE OF MARYLAND / DEPARTM	MENT OF HEALTH AND MEATE OF DEATH		90 2784
REGISTRAR  I. DECEDENT'S NAME (First, Middle, Lest)  ATHERINA	F. H. DRECI	4	REG. NO.  2. DATE OF DEATH MONTH DAY	year 3, TIME OF DEATH
212-36-5468	□ M 2 F 92 YRS. MO	NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mortip, Day, Year)	8. BIRTHPLACE (State or Foreign Country) MARYLAND
e. FACILITY NAME (If not institution, give atree  MANOR CAR  RESIDENCE OF DECEDENT	E NURSING Hom	E ROSED	ALE B	ACTIMORE
No. STATE 10b. COUNTY	10e. CITY, T	OA L+imort		10d. INSIDE CITY LIMITS? 1 YES 2 NO
1934 BAN	K STREET	10f. ZIP CODE 2/23	10g. CITI	IZEN OF WHAT COUNTRY?
. MARITAL STATUS    Never Merried 2   Merried     Widowed 4   Divorced	2. Was decedent ever in U.S. Arwed Forces? 1 1 Yes 2 100 If yes, give war or dates	13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexicon, 1 YES 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade co	(Give kind of work life. Do NOT use n	k done during most of working	16b, KIND OF BUSINESS/IND	DUSTRY
7. FATHER'S NAME (First, Middle, Last) TOHN WC	JCIK	UN	E (First, Middle, Maiden Surname)  KNOWN	
INFORMANT'S NAME (Type/Print)  WALTER  DO. METHOD OF DISPOSITION	REGA 310	DORESS (Street and Number or Rural Ric DALE AVE ION (Name of cemeters, cremetors or	BALT. CI	ity 21206
Burlel 2 Cremetion 3 Remov	al from State other place)	ROSARY CE	M. BALT	o. City, MD
David 1	maken	EDWA 401 S. (	RD J. WEDE	21231
23. PART I. Enter the diseases or co- shock, or heart failure. Li MMEDIATE CAUSE (Final disease or condition aculting in death)	mplicetions that caused the death. Do not st only one cause on each line.  A the DS LOS DUE TO (OR AS A CONSEQUENCE OF):		sa cordiec or reapiratory and	interval Between Onset and Death
Sequantielly list conditions, f any, leading to immediate cause. Enter UNDERLYING c. AUSE (Disease or injury hat initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):	scenlor a	cci dent	
PART II. Other algnificant conditiona	contributing to death but not resulting in	the underlying cause given in F	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
		26. PLACE OF DEATH (Che		
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 26b. TIME (INJUR	OF 28c, INJURY AT	28d. DESCRIBE HOW INJURY OC	CURED
3 Suicide 6 Could not be	26e. PLACE OF INJURY — At home, farm, stree building, etc. (Specify)	et, factory, office	28f. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,

20c. LICENSE NUMBER
H 353 29d. DATE SIGNED (Month, DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COMI "STEMMERS KUN KD., BAL

1 CERTIFYING PHYSICIAN: To the best of my kn

2 MEDICAL EXAMINER: On the

29b. SIGNATURE AND TITLE OF CERTIFIER



atic event, the medical examiner must be notified at once.

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	DIVISION OF VITAL RECORDS, P	9	ter	
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		TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the design of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	,
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other

STATE	0F	MARYLA	ND /	DEPARTMEN	NT OF	HEALTH	AND	MENTAL	HYGIE	N
			CE	RTIFICAT	LE OI	F DEAT	TH :		REG. NO	٥.

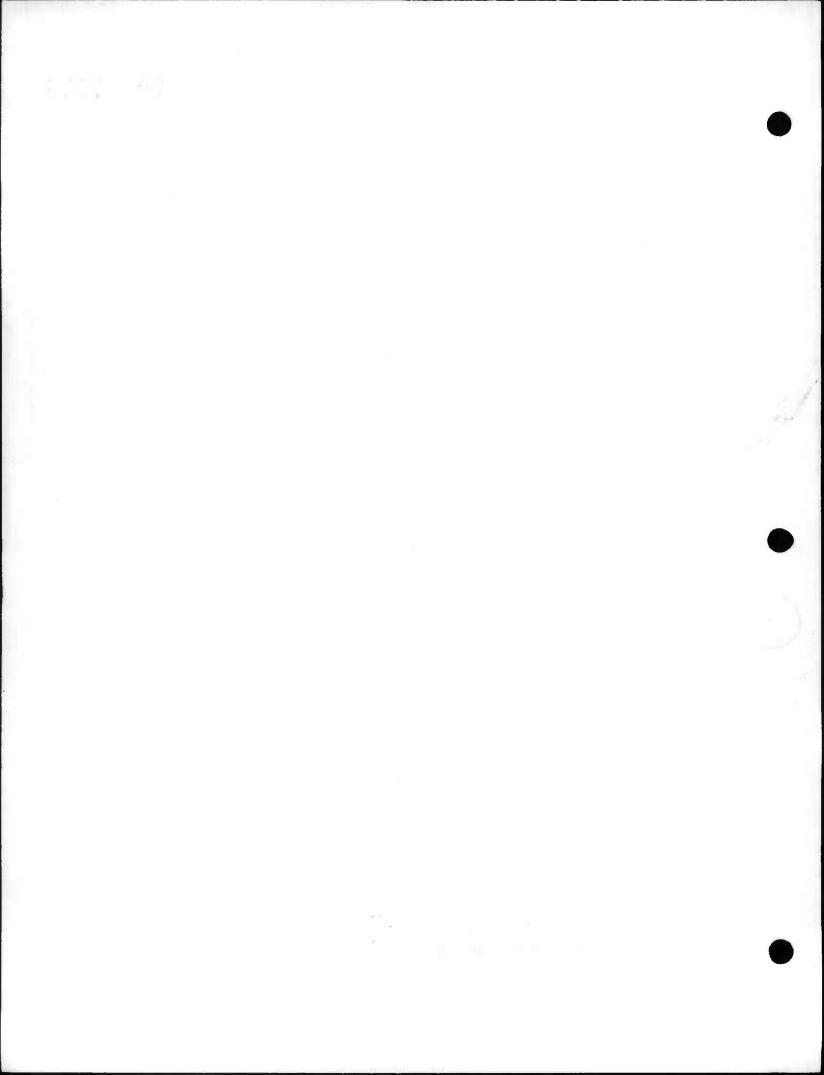
	' REGISTRAR CERTIFIC	CATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	PA 40-	3. TIME OF DEATH
	George Willard Denba		10 8	40	4 AM
		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth_Day, Year) 2/6/190	6	RTHPLACE (State or Foreign unity) [aryland
	9e. FACILITY NAME (If not institution, give street end number)	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY O	
DIRECTOR	Hartero Memorial Hospital	Harrege Co	ace	Hart	Q70
Ä		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
ā	Maryland Harford	Jarrettsv	rille		1 TYES 2 NO
FUNERAL	1205 Baldwin Mill Road	101. ZIP CODE 21 (	84	10g. CITIZEN C	U.S.A.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPA		or No— 14. R	ACE — American Indian.
B	1 Never Merried 2 Merried 3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexic 1 TES INO Specif		s	pocify: Jaucasian
B	15. DECEDENT'S EDUCATION 16a. DECEDENT'S U (Specify only highest grade completed) (Give kind of wo	SUAL OCCUPATION	16b. KIND OF BUS	HNESS/INDUSTR	Y
<u> </u>		T CL D C T	70		
COMPLETED		& Hanger		intine	3
8	17. FATHER'S NAME (First, Middle, Last)  George F. Denbow	18. MOTHER'S N.	AME (First, Middle, Meiden  Kinh		
H		DDRESS (Street and Number or Rural			21084
2		Schuster Rd.			lle, Md.
	20a METHOD OF DISPOSITION 20b. PLACE OF DISPOSIT	TION (Name of cemetery, crematory or		CATION — City of	
	1 Buriel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify)	Cemetery	Ma	donna,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF F		0	
	M. Haelelen Kinton	Jarrettsv			21084
	23. PART i. Enter the diseases, or complications the caused the death. Do no				Approximate
	shock, or heart fellure. List only one on each line.	1			intsrvai Between Onset and Death
	disease or condition resulting in deeth)  s. Cardiac a	west			
	DUE TO (OH AS A CONSEQUENCE OF)	41-	8-2000		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  b. Co VCNOWY Construction of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the p	erion a			
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Ē	CAUSE (Disease or injury thet initiated events OUE TO (OR AS A CONSEQUENCE OF)			-	
E	resulting in death) LAST				
	PART ii. Other significent conditions contributing to death but not resulting in	the underlying ceuse given in			24b. WERE AUTOPSY FINDINGS
EDICAL			PERFO	. /	AVAILABLE PRIOR TO COMPLETION OF CAUSE
				1/2/4/10	OF DEATH?  1 YES 2 NO
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SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (C	theck only one)		
SIC		OTHER: 4  Nursing Nome 5  Residence	8 Cher (Specify)		
PHYSICIAN:	27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) INJU	OF 28c. INJURY AT WORK?	28d. DESCRIBE NOW	NJURY OCCURE	D
ВУ	1 Netural 5 Pending 2 Accident Investigation	M 1 YES 2 NO			
ED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, at bullding, etc. (Specify)	reet, factory, office	281. LOCATION (Street City or Town, State	and Number or Ri	ural Route Number,
LET	29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurre	f at the time, date and place, and di	ue to the cause(e) and ma	oper se stated	
COMPL	(Check only one)  2 MEDICAL EXAMINER: On the basic of examination end/or investigation				use(e) end manner ee stated.
E C	29b. SIGNATURE AND TALLY OF CENTIFIER	29c. LICENSE N	JMBER	29d. DATE SIG	INED (Month, Day, Year)
00	Hamily	D143	544	10c	t8,1990
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,  1AN D. SOMERVILLE 400 LEW	S ST HAVA	LE DE GA	RACE	MD 21078
	31. DATE FILED (Month, Day, 1997) " " 12 PEGISTRAN'S SIGNATURE	•			

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within a court and court, rate o may be tourished by the mosping of antironing process.	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	to burial, cremation, or removal.	matic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

P. BOX 3146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dear comment of within 2 cours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attended in the first of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental Higher and Mental	her traumatic event, the medical examiner must be notified at once.	FICATION TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P. BOX 3146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that he dearest	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attining project and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Menta. Higher than the build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any igiury, or other traumente event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIE REG. N		0 2	7845
1. DECEDENT'S NAME (First, Middle, Last)	William Ed	lward Dow	nes		2. DATE OF DEATH MONTH 10	<b>'9</b> ' 90	YEAR	8:00 Am
4. SOCIAL SECURITY NUMBER 221-16-1882	1 □XM 2 □ F	62 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May26,	928	Country) De	E (State or Foreign
9a. FACILITY NAME (If not institution, give str Franklin Squa				SSVILL			imore	
10a. STATE 10b. COUNTY	Ltimore	10c. CITY, TO	ESSE					INSIDE CITY LIMITS? YES 2 7 NO
100. STREET AND NUMBER 934 Renfrew S	Street		10f	212	21	10g. CITIZE	USA	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 NO TES X		city Cuban, Maxica	IIC ORIGIN? (Specify Y n, Puarto Rican, atc.)	aa or No 1	Black, Whi Specify:	merican Indian, He, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 7 th	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S USI (Give kind of work iffe. Do NOT use re Porter	done during mo.	DN st of working	18b. KIND OF B	USINESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Last) Herman Downes	6			18. MOTHER'S NA Gen	ME (First, Middle, Meidle eva Eska	en Surname) Aide		
19s. thFormant's name (Type/Print) Viola Downes		19b, MAILING AD 934	Renfr	nd Number or Rural in	et BAlt:	own, State, Zip C LMOTE	Md.	21221
20s. METHOD OF DISPOSITION  Durial 2 Cremation 3 Ramo  d Donation 5 Other (Specify)  21. SIGNATURE-OF FUNERAL SERVICE CO		PLACE OF DISPOSITION OTHER PLACE)  IOLLY Hi	11 CeI	metery ID ADDRESS OF FA	CILITY	BAlto.	. Md.	
23. PART I. Enter the diseases, or c	Unutal   omplications that caused	the death. Do not	1		eralHome			Approximate
ahock, or heart Tailure. I	Hypercal cem		lary to	Metasta	tic Carci		i	Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				Lu	ng	
PART II. Other eignificant condition	a contributing to death be	at not reaulting in t	the underlyin	g cause given in		AN AUTOPSY ORMED?	COA OF	NE AUTOPSY FINDINGS ILABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI	LACE OF DEATH (CH	eck only one)			
1 ( YES 2 X NO 27. MANNER OF DEATH	1 N Inpatient 2 ER/Outp	atient 3 DOA 4	□ Nursing Hon	URY AT	8 Other (Specify) 28d. DESCRIBE HO	N INJURY OCCI	URED	
1 Natural 5 Pending 2 Accident tnvestigation 3 Suicide 8 Could not be 4 Homicide determined	(Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, stre	M 1 🗆	ORK? YES 2 NO	28f. LOCATION (Stree City or Town, Ste	et and Number o	or Rural Route	Number,
one)	CIAN: To the best of my knowl							manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER		, in the second second	, spensii, t	29c, LICENSE NU			SIGNED (Mo	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DEL	ATH (ITEM 27) (Type, Pr	int)	Balta	md 2	122	1	100
31. DATE FILED (Month, Day, Year)	SAMEGISTRAN'S SIGN.	ATURE LANGER		110		/		



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urcion.	104 Kingsl	ley R	oad 2	1221		E	sse	X				Ва	lti	more	Э
	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION								10d. INS	IDE CITY	
	Maryland	В	altimor	'e		E	sse	x			LIMITS? 1 ∰ YES 2 NO				
	10e. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?						
	104 Kingsley Road				21 221			USA							
	11. MARITAL STATUS 1 Ngver Merried 2	NT EVER IN U.S. AI	2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					Yee or No— 14. RACE — American Indian, Bleck, White, stc.							
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	20a. METHOD OF DISPOSITI	ION		20b. PLACE	OF OISPO	SITION (Nom				oau,				Town, State	
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	21. SIGNATURE OF FUNERAL SERVICE MICENSES Man All Cremation Society of Maryland														
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146, BALTIMORE, MARYLAND 21203-3146	ited within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the service and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should bit the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P. o. DOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dwarm certifican executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the property of the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPAR CERTIFI	TMENT OF		ITAL HYGIENE REG. NO.	90	27847
	1. DECEDENT'S NAME (First, Migdle, Last)	DEI ANEV J	ohn Pa Delane	trick 25	DATE OF GEATH DAY	9 9 90	3. TIME OF DEATH 2:30
	E-1-03-0307 /-	EX 8. AGE (In yrs. lest birthday) M 2  F 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. 7. D	ATE OF BIRTH Month, Day, Year) 3-25-19	00 Maj	ryland
OR	9a. FACILITY NAME (If not institution, give strolet at Baltimore County	·		allstown		Balt:	
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY	Y, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland		-	imore of. ZIP CODE		1 IX YES 2 NO	
FUNERAL	501 W. Franklin S	WAS DECEDENT EVER IN U.S. ARMED		21201 ECENDENT OF HISPANIC OF		USA or No.— 14. BACE — American Indian,	
B		FORCES? 1 YES 2 XNO IF YES, GIVE WAR OR DATES	If yes, s	pecify Cuban, Maxican, Pu S 2 X NO Specify:		Spec/	, Whita, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade compl Elementary/Secondary (0-12) Col		vork done during n		16b. KIND OF BUSI	NESS/INDUSTRY	
MPL	8th		enance	_		urches	
8	17. FATHER'S NAME (First, Middle, Last)  John William Del	lanev		Mary Br		Surname)	
TO BE	19a. INFORMANT'S NAME (Type/Print)  Margaret Ganey	19b. MAILING	ADDRESS (Street	and Number or Aural Aoute & Country	Number, City or Town,	ÉTITICO Marylar	tt City nd, 21043
	20e. METHOD OF DISPOSITION 1	rom State 20b. PLACE OF DISPOS	remato	ry, Inc.	Bal	timore,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSE George E. Mac	147	Cre	and address of facility mation So Frederick	ciety o	f Mary	land
	23. PART I. Enter the diseases, or comp shock, or heart failure. List of	lications that caused the death. Do r					Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	METASTA		CAR	CINOM	1A	Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	OSTA Pi	TE.			
MEDICAL		ntributing to death but not resulting			I. 24a. WAS AN A PERFORI	MED?	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA		SPITAL:	OTHER:	PLACE OF DEATH (Check o			i i
/ PHYSICIAN:	27. MANNER OF OEATH  1 Natural 5 Pending	28a. DATE OF INJURY 26b. TIM	IE OF 28c. II		1. DESCRIBE HOW IN	JURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, fectory, of	flice 28f	LOCATION (Street a. City or Town, State)	nd Number or Rural i	Route Number,
COMPLETED	(Check trill)	: To the best of my knowledge, death occurr n the basia of examination and/or investigation					a) and manner as stated.
B	29b. SIGNATURE AND TITLE OF GERTIFIER	MO		29c. LICENSE NUMBER	333	29d. DATE SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF OEATH (ITEM 27) (15/10) MD, BCGH, R	AND/	ALLS TOW	N, M	02113	3-
	31. DATE FILED (MOIND, Day, Year) 2 199	32. REGISTRAR'S SIGNATURE  Julia Davidson Ass					

BALTIMORE, MARYLAND 21203-3146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospitation application.  OTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactived by the burial-transit permit. Pages 1, 2, 3 should the detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit. Pages 1, 2, 3 should be detactived by the burial-transit permit by the burial-transit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit permit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial-transit by the burial	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 mounts after death. Page 6 may be retained by the hospitation physician. TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached by the attending physician. Be filled within 72 hours after the state begin of Hearth and Mental Hygiene prior to burial, certained, or removal or the many 23 should be a filled at once.	IMPOUNDED TO THE TO IS MENTED TO STORE ON THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF THE STORE OF TH

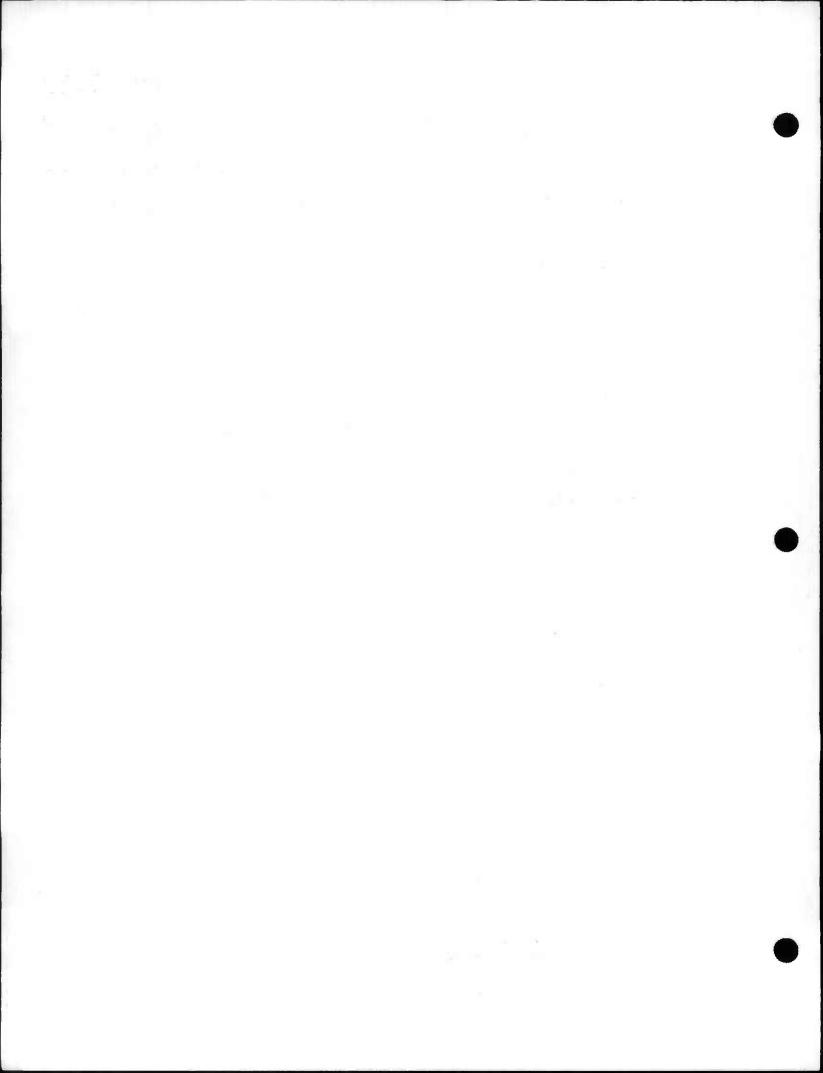
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12th Grade			S	tuden	t								
17. FATHER'S NAME (First, M	liddle, Last)					$\neg$	18. MOTH	ER'S NA	ME (First, Mi	ddie, Meiden	Surname)		
Richard WI1		Downs							Nancy				
19a. INFORMANT'S NAME (				19b. MAILING									000
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disease or condition resulting in death)  Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS	ediete ring ury	b. OUE TO	ed head O (OR AS A CONS O (OR AS A CONS	BEOUENCE O	F): F):								1 day
	ant condition	ons contributing to	death but no	t resulting	In the unc	lerlying	cause (	lven in	Part I.	24e. WAS AI PERFO 1 TYES	RMED?	24b	N. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending be fised within 72 hours after death with the State Dept. Of Health and Mental Hygiens.

	1. DECEDENT'S NAME (First,		. ELE	E As	1					2. DATE OF DEATH MONTH	DAY.	90 PEAR	3. TIME OF OEATH
	A. SOCIAL SECURITY NUMBER		5, SEX	6. AGE (In yrs. last	hirthday	IF UNDER	VEAD	IE UMDEI	R 24 HRS.	7, DATE OF BIRTH	4		PLACE (State or Foreign
	216-14-8584		1 🗆 M 2 🂢 F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	16	Country	)
	9e. FACILITY NAME (If not in					96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH							
DIRECTOR	Bon Secour	Hospit	al			F	Ralt	imor	·e				
E I	10a. STATE	10b. COUNTY			10c. CITY	Y, TOWN O						1	10d. INSIDE CITY LIMITS?
	Md  100. STREET AND NUMBER				- 1	Balt		re . zip con	AF.		10- 00		1 YES 2 NO
FUNERAL	2132 Mt. Ho	lly St	reet				101		21216		10g. CI	USA	HAI COUNTRY?
	11. MARITAL STATUS  1 Never Married 2 X		FORCES?	IT EVER IN U.S. ARI YES 2 M MAR OR DATES	MED IO	H	yes, sp	ecify, Cubi		C ORIGIN? (Specify i, Puerto Rican, etc.)	Yas or No—	14. RACE Black, Specifi	— American Indian, White, etc.
BY BY	3 Widowed 4 Divo												Black
Ē		EDENT'S EDU- y highest grade		(G/		work done d			ing	16b. KINO OF	BUSINESS/IN	IDUSTRY	
COMPLETED	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)		mstre	226						
	17. FATHER'S NAME (First, M			-					HER'S NAME	ME (First, Middle, Maid	len Surname)		
8	Moses Cherr			198	MAILING	ADDRESS	(Street I			loute Number, City or	lown State 2	In Code)	
2	Shirley Fle			2	132	Mti	lol.1	v_St	reet	Ralto	Md	21216	5
	204/METHOD OF DISPOSIT 1 Duriel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE	OF DISPOS	SITION (Nar	ne of ce	metery, cre-	matory or	tery Ow	LOCATION -	- City or Tox	vn, Stata
	21. SIGNATURE OF FUNERA		CENSEE						ESS OF FAC		90 .		, 110
	( ) Sen	3	Carl	2_			Mar 430	Sch F	H W	est h Avenue			
	23. PART I. Enter the d					not enter					epiratory a	rreet,	Approximate
	IMMEDIATE CAUSE (Fig		List only one ca										Interval Between Onaet and Death
	disease or condition - SSPECIAD CROIDGMC SHOCK 12 HCJ										12 HCJ		
200	//.es.==== //.ese.sz/i			(OR AS A CONSEC	QUENCE O	F):							14446
ON	Sequentielly list condit	tions,	D	ASCVD OF AS A CONSEC	DI HENCE OF	D.							Cours
AT	if any, leading to imme cause. Enter UNDERLY	ING	552 (	(on no n consec		. ,.							į :
Ë	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONSEC	DUENCE OF	F):							
CERTIFICATION	resulting in death) LAS	er (	d							·			-
	PART II. Other significa										AN AUTOPS	Y 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	ACUL AG	MIF	AILUNG	EXFUL	1971	E 1	an/	M7	171	1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
-	1113674	) <u>(r</u>	4/427us	100						-			1 TYES 2 THO
PHYSICIAN:	25. WAS CASE REFERRED T	TO MEDICAL				-	26. P	LACE OF	DEATH (Che	ock only one)			
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER 4 Num		ne 5 🗆 F	Residence	6 Other (Specify)			
	27, MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIM	E OF JURY	W	JURY AT ORK? YES 2	_ wo	28d. DESCRIBE HO	W INJURY O	CCURED	
ВУ	2 Accident	Investigation Could not be		OF INJURY — At he	me, ferm,	street, fact				281. LOCATION (Str		er or Rural R	loute Number,
ETED	4 Homicide	determined	bunding	, etc. (Specify)						City or Town, Si	ete)		
COMPL	Constant and	Park Charles Land Land								to the cause(s) and time, data and place			and manner as stated.
ECC	296. SIGNADAR AND TITU	1		11	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.				CENSE NUN				(Mogth, Day, Musr)
TO BE	Maril	5 1	serf	y m				0	313	8(	•	10/9	190
F	30. NAME AND ADDRESS O	F PERSON WI		ME OF DEATH (ITE	M III) (Type	Print)	2.1	JA	CIA	WIN B	eun	PAI TO	NO
	31. DATE FILED (Month, Day,	- 2	-	AR'S SIGNATURE	-	1	/00		371	31		, ,,,,,,,,	
	OCT 12	1990	Julia Das	reson-Rand	L.M.								



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31. DATE FILED (Month, Day, Year)

OCT 12

32. PEGISTRAR'S SIGNATURE Julia Davidson

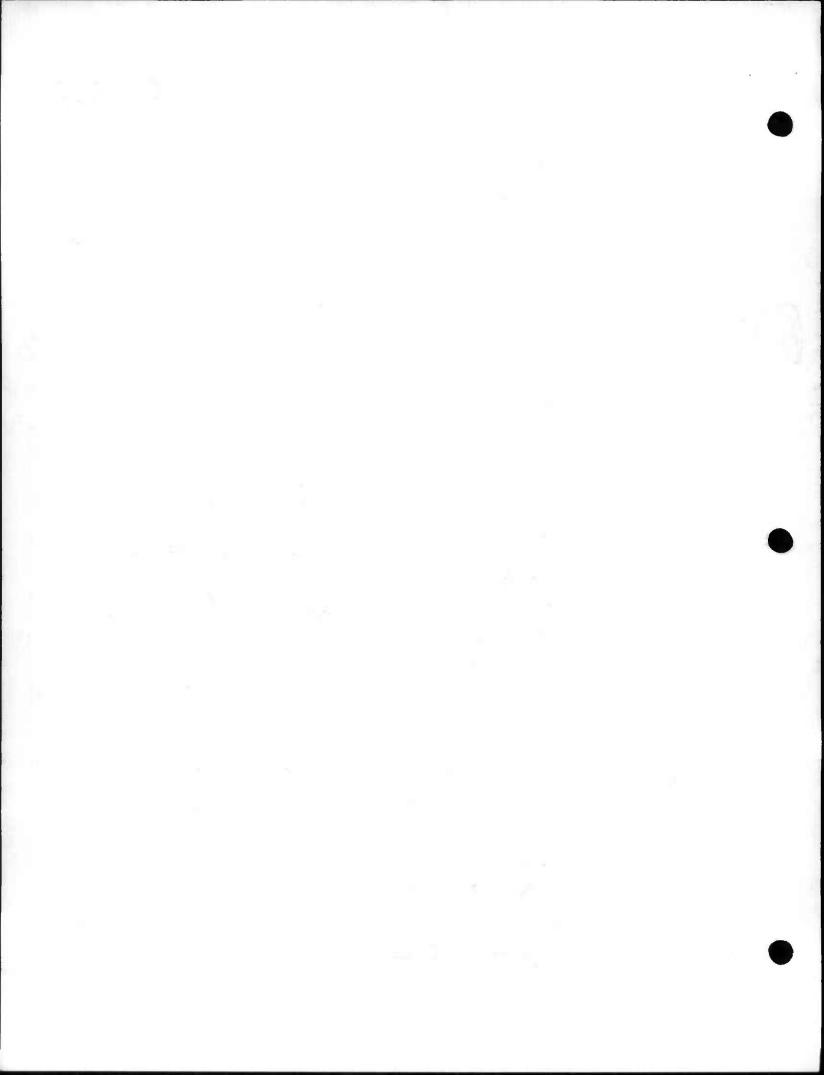
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rouns and them. Put it in the law requires that the death certificate be executed within 24-rouns.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be delated to the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remo	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

13

Pages 1, 2, 3 should

FOR 90 27850 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. P. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH DAY YEAR 9 6 :P R 20 Homas 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 0 DAYS HOURS 1 M 2 | F 039463 YRS. ARY nov-2 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMOR RESIDENCE OF DECEDENT FUNERAL DIRECTOR 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BAI ARKVILLE 1ARYLAND 1 YES 2 NO imore 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? AVI 21234 A MGE WOOL 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 2 Married If yee, specify Cubsa, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced 9 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) (Give kind of work done life. Do NOT use retired.) COMPLET Elamentary/Secondary (0-12) College (1-4 or 5 +) G. RVICE BALLO. BIOMER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) R HOMA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 A 20a, METHOD OF DISPOSITION
134 Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, Bista FAIT ☐ Donation 5 ☐ Other (Specify) AR 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPILOF ROAC HARFORD 8800 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finsi disease or condition reaulting in death) CERTIFICATION Sequentially list conditions, if any, lasding to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (QM that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 250 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing He me 5 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY trivestigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Milmber or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ETED 4 Homicide 29a, CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. COMP 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, dasth occured at the time, data and piece, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIED 29d. DATE SIONED (Month, Day, Year) 29c. LICENSE NUMBER BE 819 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) FR 300P



DHMH-16 Rav 1/89

FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, F.O. BOA	) THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be	THE ELINEDAL DIDECTOR. After this carrificate has been signed by the attending physician
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	1. DECEDENT'S NAME (First,	Middle, Last)	L. FAN	TON	1					MONT			YEAR	1:30 A	_
	4. SOCIAL SECURITY NUMB		5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	- / 0 OF BIRTN	- 9	B. BIRTNP	LACE (State or Foreign	-
	216-01-3	573	1 M 2 KF	7 3	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	n, Day, Year)	17	Country)		
	9a. FACILITY NAME (If not in					9b. CITY	, TOWN C	OR LOCATI	ON OF DE	ATH	21	9c. COU	NTY OF DEA	ATH	_
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ECTOR	RESIDENCE OF DEC	10b. COUNT				Y, TOWN (	OR LOCAT	TION	^					tod. INSIDE CITY	-
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ERAL	10e. STREET AND NUMBER		. –	-4	1-			1. ZIP COD			<u> </u>			IAT COUNTRY?	_
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FUN	11. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDEN	YES 2	MNO		It yes, sp	ecify Cube	n, Mexica	n, Puarto	(? (Specify Yea Ricen, atc.)	or No-	Black,	– American Indian, White, etc.	
B	3 Widowed 4 Divo		IF YES, GIVE	MAR OR DATE:	S		1 TYES	2 📉 NO	Specify	y:			Specify	White	
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LET	Elementary/Secondary (6	1-12)	College (1-4 or 5 2 years	+)	Sales						Bridal	Ret	ail C	onsultant	
COMPL	17. FATHER'S NAME (First, M	liciclia, Last)	Z years	2	vares	001150	arca		HER'S NA		Middle, Maiden		111 0	Oligazeane	_
	George Wess										dergas				
TO BE	19a, INFORMANT'S NAME (7										ber, City or Tow				_
F	J. Michael		m							, Ba	ltimor				
	20a. METHOD OF DISPOSIT  1X Burial 2 Crematic  4 Donation 6 Other	(Specify)		_ 20b. Pi	her place) Uid Ri	dge (	Ceme	tery			Pik	esvi:	City or Tow	m, state Maryland	
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	921	Book	22	NAME	hell	W10	defe:	ld Hom	e			
	John G.	Reit	4/2000	SE20		(	6 <b>500</b>	Yor	k Ro	adBa	ltimor	e Man	rylan	d 21212	
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eert fellure.	List only one ca	EBRA	Ine.	Scu			-			iratory ar	reat,	Approximate Interval Batweet Onset and Deat	
			DUE TO	RIAI	FIB:		ATI	Cal							
CERTIFICATION	Sequentially list condit if any, leading to imme		b. DUE TO	OR AS A CO	ONSEQUENCE O		A.) 1	0.0							-
CA	ceuse. Enter UNDERLY CAUSE (Disease or Inju	ING	c												
E	that initiated events resulting in deeth) LAS		DUE TO	O (OR AS A CO	ONSEQUENCE (	OF):									
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AL	PART II. Other significe	ent conditio	ns contributing to	death but	not resulting	in the u	nderlyin	ng ceuse	given in	Pert I.	24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
EDICAL											1 TYES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?	
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SICIAN:	25. WAS CASE REFERRED 1	TO MEDICAL	1				26. P	LACE OF 1	DEATN (Ch	neck only o	ne)				-
SIC	EXAMINER?  1 YES 2 NO		HOSPITAL:	☐ ER/Outpetic	ent 3 🗆 DOA	OTHE 4 - Nu		me 5 🗆 A	lesidence	6 🗆 Oth	er (Specify)				
BY PHY	27. MANNED OF DEATH  1 Netural 6 1  2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ но	28d. DE	SCRIBE NOW	INJURY OC	CURED		
8	0 D 0 delde	Could not be detarmined		OF INJURY — I, etc. (Specify)	At home, term,	street, fac	ctory, offi	ca			CATION (Street or Town, State		or Aural Ad	oute Number,	
COMPLETI	CONSTRUCTION OF THE PARTY		SICIAN: To the best of											and manner as stated.	
BE	296: SIGNATURE AND THE	CALL	nente	MD				29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year)	)
2	30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEATH	H (ITEM 27) (7/5					1					-
	ALLE STATES	- I Δ1.	2 Fall	. 0 . 1	3	Cit	3	CIL	Lik L	+20 12	ITAL	1-00	211150	LA MA	
	31. DATE FILED (Month, Day,		RENCE 32. REGISTE Sulia Da	AR'S SIGNATI		ST	Jo	SEM	st 1	tost	ITAL	T	)WS0	M MD	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		pinous :	
-3146	ding physicals	the bur Comit perant chose 1, 2,	(国)
BALTIMORE, MARYLAND 21203-3146	may be retained by the hospital or atten	rr, page 5 should be detached for use as	st be notified at once.
•	ed within 24 nours after death. Page 6	completely filled in by the funeral directoral, cremation, or removal.	event, the medical examiner mu
RECORDS, P.O. BOX 13146,	law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the afterding physician and completely filled in by the funeral director, page 5 should be detached for use as the burner man and Methal Modeline prior in bridge cremation, or removal.	1.23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law red	DIRECTOR: After this certificate has been	MPORTANT: It Item 28 Is marked, or Item 23 sh
_	TO THE HOSPITAL	TO THE FUNERAL	IMPORTANT: IL

	REGISTRAR		CERT	FICA	IE OF	DEATH	REG. N	0.		
	* PECEOENT'S NAME (First, Middle, Last)	Herman	William	Fr	ome 3	rd	2. DATE OF DEATH MONTH	<b>*</b>	90	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. A	GE (In yrs. lest birthde	V)   IF UNI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTHPL	ACE (State or Foreign
į	219–16–9129	1 🔀 M 2 🗆 F	65 YRS	MONTH	B DAYS	HOURS MIN.	(Month, Day, Year) 3-9-1925			yland
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DE						TH
TOR	St. Agnes Hospi	tal		Baltimore City =====						
ပ္ပ	10a. STATE 10b. COUNTY	,	10c.	CITY, TOW	N OR LOCAT	ION			1	Od. INSIDE CITY
FUNERAL DIRECTOR	Maryland ====			Baltimore						LIMITS?  YES 2 NO
7	10e. STREET AND NUMBER		•		101	. ZIP CODE		10g. CI	FIZEN OF WH	AT COUNTRY?
IER/	302 Jeffrey S	Street				21225			U.S.	
5	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 1 1		1			IC ORIGIN? (Specify )	ea or No—	14. RACE -	– American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WARD	R DATES			2 NO Specify			Specify:	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. OECEOEN (Give kind	T'S USUAL	OCCUPATION OF COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN AND COLUMN A	ON st of working	18b. KINO OF B	USINESS/IN	IDUSTRY	,,,,,,
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\$			Ivavai	AL CII	rtect				overn	ment NOAA
8	17. FATHER'S NAME (First, Middle, Lust) Herman	W. Frome	īr.				me (First, Middle, Meid Elizabeth	,	l	
BE	19a. INFORMANT'S NAME (Type/Print)	777 220110 0		ING ADDR	ERR (Street o		Route Number, City or Ti			
2	Dolores Frome		I				Baltimore			21225
										21225
	20a. METHOD OF DISPOSITION  1  Burial 2 □ Cremetion 3 □ Rem  4 □ Donation 5 □ Other (Specify) —	oval from State	other place)  New Cat			metery			ore. M	aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1							
	Honna M3	manual.	unki				nce Funer Hwy. Bal			
	23. PART i. Enter the diseases, of	complications that ca	used the deeth. D	o not en						Approximate
	shock, or heert-failure. iMMEDIATE CAUSE (Final					4				interval Between Onset and Death
	diseese or condition resulting in deeth)	. Motostati	e Adens	enoCaruninay Kidnay. ~ 2 yu						
_		CNS (Rig	s a consequence of:						2 wahr	
CERTIFICATION	Sequentielly liet conditiona, If sny, leading to immediate	DUE TO TOR	AS A CONSEQUENCE	let Intra renal henanhage 3-4d						2110
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OR	AS A CONSEQUENC							3-44.
F	resulting in deeth) LAST	Cosmase	Cirken	2	scor	e ustl	HA Ces	gests	a offe	it ges,
	PART II. Other significant condition	as contributing to de	oth but not destable	in the	underlyin	a ceuse aiven in	Part I 24a WAS	AN AUTOPS	245	WERE AUTOPSY FINDINGS
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ă	- La region in	voce 149	EUNINA	7	-		1 □ YES	2 ¥ NO		OF DEATH?
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	,									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН	26. P	LACE OF DEATH (Ch	eck only one)			
YS	1 ☐ YE9 2 🖼 NO	1 S Inpatient 2 - ER		A 4 🗆			6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	(Month, Day, Y		TIME OF INJURY	W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	V INJURY O	CCURED	
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	JURY — At home, far	m, street,			28f. LOCATION (Stre	et and Numb	er or Rural Ro	ute Number,
TED	4 Homicide determined	building, atc.	(Specify)				City or Town, Ste	ite)		
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my	knowledge, death oc	curred at t	he time, dat	and place, and dua	to the cause(a) and r	nanner as si	tated.	
õ	2 MEDICAL EXAMINE	ER: On the besis of axami	ination and/or investig	gation, in r	ny opinion,	death occured at the	time, data and place,	and due to	the cause(a)	and menner as stated.
Ш	29b. SIGNATURE AND TITLE OF CERTIFIE	9)	4.4	1		29c. LICENSE NUI	MBER	29d, D/	ATE SIGNED (	Month, Day, Year)
00	Dennight- Sunt	Lus, K	Herder	Phys	Vian	D-22.	875		10/8	190
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE C	F DEATH (ITEM (27)	Type Print)			fb/	-		(4)
	3449 WIKENS,	ANE. 13	SALTO;	45.		21229	Sui	TZ,	207	
	31. DATE FILED (Month, Day: Year)	32 REGISTRAR'S	MANA RANGE A	2.						

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYEAND 21203-3146

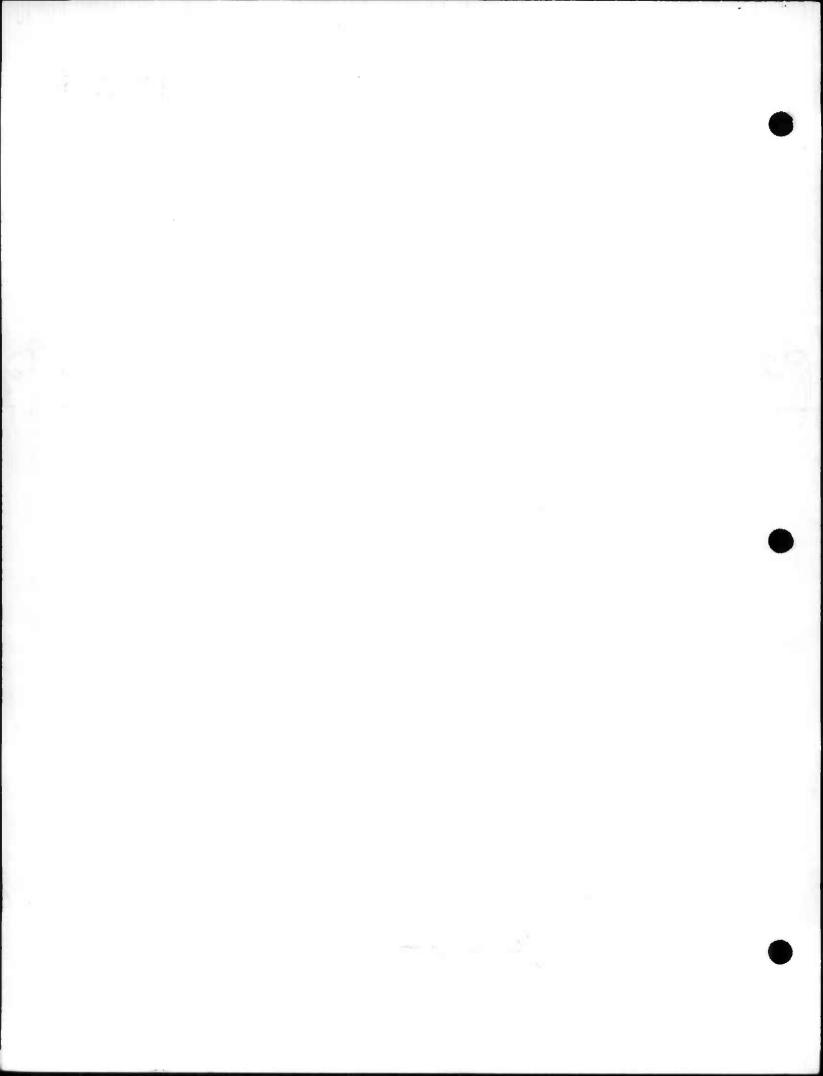
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shifted by the use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TIEM: 18 DET FR G-668 10-18-90 cm important: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be neutified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

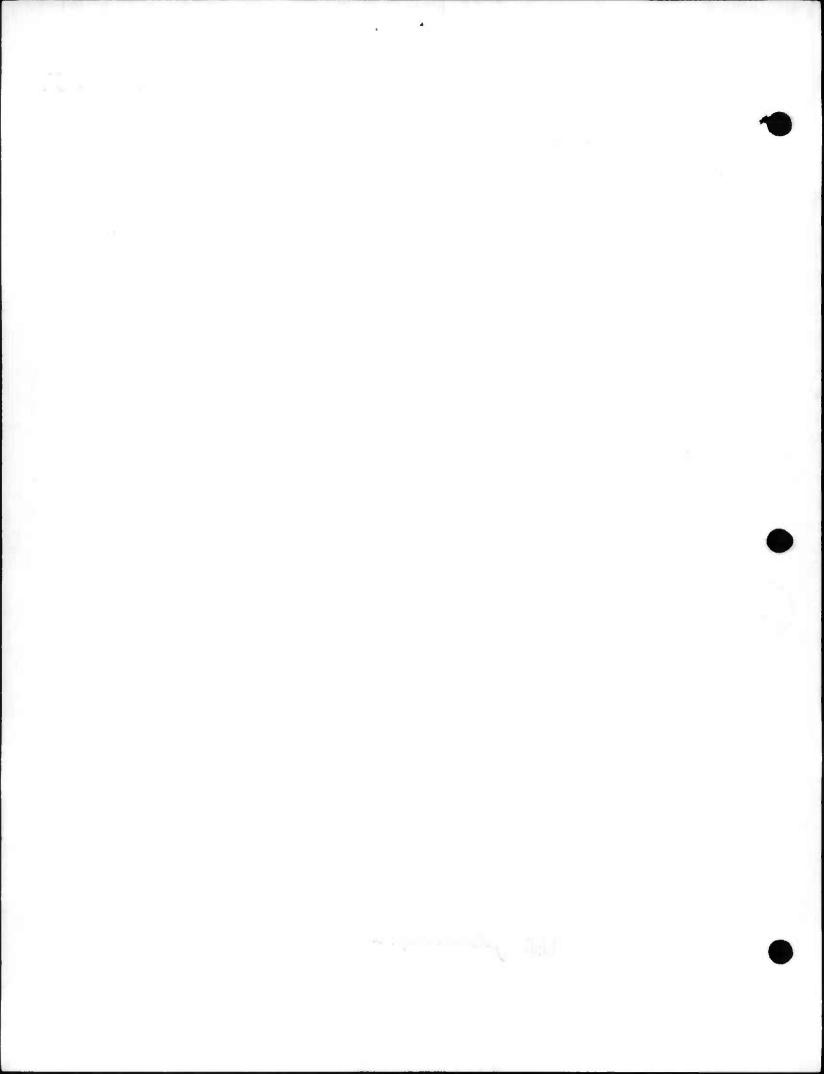
1 - STATE REGISTRAR	SIAIE UF I	NAKTLAND / L CEI	RTIFI	CAT	E OF	DEAT	H.	MENIA	REG. NO.		0	21000
1. DECEDENT'S NAME (First, Middle, Lest)									OF DEATH		WEAR	3. TIME OF DEATH
TOWANA	L.		F	ORD	)			1(		Y	90	2:11 P M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last t			ER 1 YEAR	IF UNDER			OF BIRTH		8. BIRTH	IPLACE (State or Foreign
	1 🗆 M 2 💢 F	22	YRS.	MONTHS	DAYS	HOURE	MIN.	9-	26-196	8	000110	Md
9a. FACILITY NAME (If not institution, give a	street and number)			9b. CIT	TY, TOWN O	LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH
Liberty Medic	cal Cente	er			Balti	more	Cit	V				
RESIDENCE OF DECEDENT			40. 0177		OR LOCAT							to t made over
10a. STATE 10b. COUNT	*	1				ION						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			Ват	TIM	ore	ZIP CODE				40- 007	TITEN OF Y	YES 2 NO
2208 Allendale F	Raod					21216					S A	WHAI COOKINY
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARM US 2 NO MAR OR DATES		13	If yes, spe		n, Mexica	n, Puerto	i? (Specify Yea Rican, atc.)	or No—	14. RACI Black Speci	E—American Indian, k, Whita, etc.  Black
15. DECEDENT'S EDU (Specify only highest grade		18a. DECI	EDENT'S U	USUAL.	OCCUPATIO	N et of workin	a	168	. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe. C	o NOT use	e retired.	e during mo: !.)	or or working	v					
									2			
17. FATHER'S NAME (First, Middle, Last)									Middle, Meiden			
Stanley Carte	er								NATA			)
19a. INFORMANT'S NAME (Type/Print)		19b.							ber, City or Town		,	
Nathaniel Masor	n Ford							ad Ba	altimor			
29a METHOD OF DISPOSITION  1\triangle Burlel 2 \( \triangle \text{ Cremation 3 } \( \triangle \text{ Ren} \)	novel from State	20b. PLACE Of other place	(8)				,				- City or To	
4 Donation B D Other (Specify)	1	Wester	rn S						Cat	ons	ville	e, Md
21. SIGNATURE OF FUNERAL SERVICE U	Ja, Ca	e e		2	Marc 4300	:h F/	H We	est	enue/			
23. PART I. Enter the diseases, or shock, or heart fallure.			th. Do n	ot ent	er the mo					ratory a	rreat,	Approximata interval Batween
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. CARDIA	C ARRHYT	HMIA JENCE OF	F):			_					Onset and Death
Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	BULIMI	O (OR AS A CONSEOU A O (OR AS A CONSEOU	JENCE OF	P):								
PART II. Other algnificant condition	na contributing t	death but not re	sulting i	in the	underlyin	g cause (	given in	Part i.	24s. WAS AN		7 248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								_	1X YES 2			COMPLETION OF CAUSE OF DEATH?
	-							-			1	1X YES 2 □ NO
25. WAS CASE REFERRED TO MEDICAL				_	26. PI	ACE OF D	EATH (C)	neck only o	ine)			
EXAMINER? 1 (X) YES 2   NO	HOSPITAL:	ER/Outpatient 3	DOA	OTH 4   N								
27. MANNER OF OEATH	28a. DATE C	FINJURY	28b. TIM	E OF	28c. INJ	URY AT			SCRIBE HOW	NJURY O	CCURED	
1 Netural 8 Pending		Day, Year)	INJ	IURY M		YES 2	NO					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE	OF INJURY — At hon j, atc. (Specify)	ne, farm, s	street, f	lactory, offic	•			CATION (Street or Town, State		er or Rural	Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSION ONE) 2 MEDICAL EXAMIN												(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	ER 1			_		29c. LIC	ENSE NU	MBER		29d. D/	ATE SIGNE	D (Month, Day, Year)
100ma1.0 L1	Une ht						OCME			•	10-4	
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CA	USE OF DEATH (ITEM	27) (Type,	, Print)			OC!IL			ــــــــــــــــــــــــــــــــــــــ	10 9	
Donald G. Wright 31. DATE FILED (MORTH, Day, -Vear)	, M.D.,	Deputy Cl	hief		111 F	enn	Stre	eet,	Baltin	nore	, MD	21201 vl
OCT 1 2 1990	Julia D	widson-Aan	delle									



urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O.

	1 - STATE REGISTRAR  1. OECEDENT'S NAME (First, Middle, Les		MARYLAND /		ICATE (				REG. NO			TIME OF DEATH	
	CHARLES FAIDL							MONTH	D _i	, 199	YEAR	:25 P	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthdey)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE (				CE (State or For	eign
	212 18 7275	1 DM 2 DF	72	YRS.					8-18		MARYL		
-	9a. FACILITY NAME (If not institution, give						LOCATION OF DE	ATH		BALTI	MODE	Н	
DIRECTOR	VA MEDICAL CENTE				FORT	HOW	AKD			DALII	MOKE		
) H	10e. STATE 10b. COU			10c. CI	Y, TOWN OR I	OCATIO	N					I. INSIDE CITY	
2	MARYLAND			BAL	TIMORE	Ξ					14	YES 2	NO
IAL I	10e. STREET AND NUMBER						CIP CODE				EN OF WHA	COUNTRY?	
FUNERAL	3907 RIDGEWOOD A	_					21215				S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced		IT EVER IN U.S. AR YES 2 1		tt ye		NDENT OF HISPAN Ify Cuban, Mexical NO Specify	n, Puarto F		s or No—	14. RACE — Black, W Specify: BLACK		n,
COMPLETED	15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		(G	ive kind of	USUAL OCCU work done durk se retired.)	JPATION ing most	of working	16b.	KIND OF BU	SINESS/INDU			
_	17. FATHER'S NAME (First, Middle, Last) ROBERT FAIDLEY						18. MOTHER'S NA			Sumame)			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	AOORESS (S	itreet and	f Number or Rural I	Route Numb	oer, City or Tow	m, State, Zip (	Code)		
TO B	CLINICAL RECORDS	3	7	IA ME	EDICAL	CEN	TER FOR	т но	WARD,	MD 2	21052		
	2ps. METHOD OF DISPOSITION  1 Burisi 2 Cremetton 3 R  4 Donetion 5 Other (Specify)	amoval from State	20b. PLACE other pl	ace)	PL TO	of ceme	tory, cremetory or	VAJ	1	RRISE		State /	,
	21. SIGNATURE OF FUNERAL SERVICE	Russ			22. NA	ME AND	AODRESS OF FA	CILITY >	11-2:	222-1	W Ho	rtha	216 ne
iy, or other frametic event, the medical CERTIFICATION ™	shock, or heert fellu iMMEDIATE CAUSE (Finel disease pr condition resulting in deeth)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	S. CANCE	CR OF ESO O (OR AS A CONSE	OPHA(	OF):							Interval Be Onset and	
ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d.	OR AS A CONSE	OUENCE (	OF):								
MEDICAL	PART II. Other significent condition DILATED CARDIOM		deeth but not	reaulting	In the unde	erlying	ceuse given in	Part I.	24s. WAS AI PERFO 1 YES	RMED?	CC	ERE AUTOPSY FI AILABLE PRIOR OMPLETION OF C F DEATH?	TO
AN	25. WAS CASE REFERRED TO MEDICAL	L				28. PLA	CE OF DEATH (Ch	eck only or	ne)				
SICI	EXAMINER?  1 YES 2 XNO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:	g Home	5 Residence	8 🗆 Othe	r (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH  1X Netural 5 Pending 2 Accident Investigation		F INJURY Day, Year)	28b. TI	JURY	Bc. INJU WOR 1   YE	RY AT IK? ES 2 NO	28d. DE:	SCRIBE HOW	INJURY OCC	URED		
	3 Suicide 8 Could not 4 Homicide datermine	De building	OF INJURY — At he i, atc. (Specify)	ome, farm	atreet, factory	y, offica			ATION (Street or Town, State		or Aural Rou	e Number,	
COMPLETED	anal	HYSICIAN: To the best of										nd manner as s	tated.
	29b. SIGNATURE AND TITLE OF CERT	IFIER //	1 1	10		Т	29c. LICENSE NU	MBER		29d. DATE	SIGNED (M	onth, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	USE OF DEATH (IT	EM 27) (Tvi	oe, Print)				-	▶ 0	ctobe	r 10,	1990
	EDWARD RUSCHE,	M.D. 9	9600 NOR	TH P	OINT R	OAD	FORT H	OWARI	, MAR	YLAND	2105	2	
	31. DATE FILEO (Month, Day, Year)  OCT 1	2 1990 PEGISTR	The Signaturi	on-R	indett								
	-											OHMH-1	8 Rev 1/89



BALTIMORE, MARYLA

examiner must be notified	IMPORTANT: It Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
examiner must be notified	7 17 hours after cealt with the state cept, or region and mental hygorie plot to busing, crembons, or business. F. It Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical e
funeral director, page 5 should	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained in

	FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN REG. NO.	E	21000			
	1. DECEDENT'S NAME (First, Middle, Last)	FAXIC	) 111		2. DATE OF DEATH MONTH DA	97	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 577-62-7973		· · · · · · · · · · · · · · · · · · ·	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Marith, Day Year) 2/13/45		RTHPLACE (State or Foreign unity)			
OR	9a. FACILITY NAME (II not institution, give s Washington Adver	,		b. city, town dr location of d Tokoma Park TAK		9c. COUNTY D				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  DC  10b. COUNTY	Y	10c. GTY, Was	TOWN DR LOCATION		1				
	100. STREET AND NUMBER 5212 12th St NE			101. ZIP.CODE 20017		1 TYES 2 ND  NE WHAT COUNTRY?				
BY FUNERAL	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 ND Speci	an, Puerto Rican, atc.)	В	ACE — American Indian, llack, White, atc. pecify: Black			
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12) 12 Yrs	Catton completed) College (1-4 or 5+) 2 Yrs		sual occupation th done during most of working retired.) (Superior Cour		16b, KIND OF BUSINESS/INDUSTRY				
BE COM	17. FATHER'S NAME (First, Middle, Last)  Joseph Faxio			16. MOTHER'S N	AME (First, Middle, Maiden ed Nickens	Surneme)				
TO B	19a. INFORMANT'S NAME (Type/Print)  Mildred Faxio			poress (Street and Number or Rural		n, State, Zlp Code	)			
	20a, METHOD OF DISPOSITION  YOR Burla! 2 Cremation 3 Removal from State  4 Donation 6 Other (Specify)  Pt. LINCOLN  20b, PLACE OF DISPOSITION (Name of cemetery, crematory or other place)  Ft. LINCOLN  20c, LOCATION — City or Town, State  ARRYT, AND									
	21. SIGNATURE OF FUNERAL SERVICE LIC									
	23. PART I. Whiter the diseases, or shock, or heert fallure.			t enter the mode of dying, su	ch es cardiac or respi	ratory arrest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. CRYPTO	COCAU	MENINGT	15		Onset and Death			
NOI	Sequentially list conditions,	b. ACQUITE	S A CONSEQUENCE OF	MENINGT	SYNDROME	£	13 mas			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF)							
	PART II. Other significant condition	d.	hid got moulting to	the underhales serves alone I	n Part I, 24a. WAS AN	AUTODOX I	24b. WERE AUTOPSY FINDINGS			
MEDICAL			_	PHENDHIA	PERFOI	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES NO			
CIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	theck only one)					
10		HOSPITAL:		OTHER:     Nursing Home   6   Residence	6 Other (Specify)					
	EXAMINER?	1) Impatient 2 - ER/O								
3Y PHY			Y 28b. TIME	DF 28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HDW	NJURY OCCURE	D			
ED BY	1 VeS 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a, DATE OF INJUR (Month, Day, Yea	PRY — At home, farm, st	M 1 YES 2 NO	28d. DESCRIBE HDW 28d. LOCATION (Street City or Town, State)	and Number or Ru				
ED BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE OF INJUR 28a. DATE OF INJUR (Month, Day, Yea  28a. PLACE OF INJUR building, etc. (S	TY 29b. TIME INJU	M 1 YES 2 NO	261. LOCATION (Street City or Town, State,	and Number or Ro	ural Route Number,			
D BY	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFYING PHYS	28a. DATE OF INJUR (Month, Day, Iba  28a. PLACE OF INJUR building, etc. (S  HCIAN: To the best of my ton  ER: On the bests of examine	TY 29b. TIME INJU	M 1 YES 2 NO  eet, factory, office	26f. LOCATION (Street City or Town, State, se to the cause(a) and ma se time, data and piece, as	and Number or Ro	ural Route Number,			

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BALLIMORE, MARTLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Plage 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ament director, page 5 should be detach be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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	ertifica	ing ph	othe
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	equires	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the liber stilled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	hows
I	J WE	Dept.	23 8
4	V: The	State	Hem
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	OSPIT	UNER Ithin	ANT
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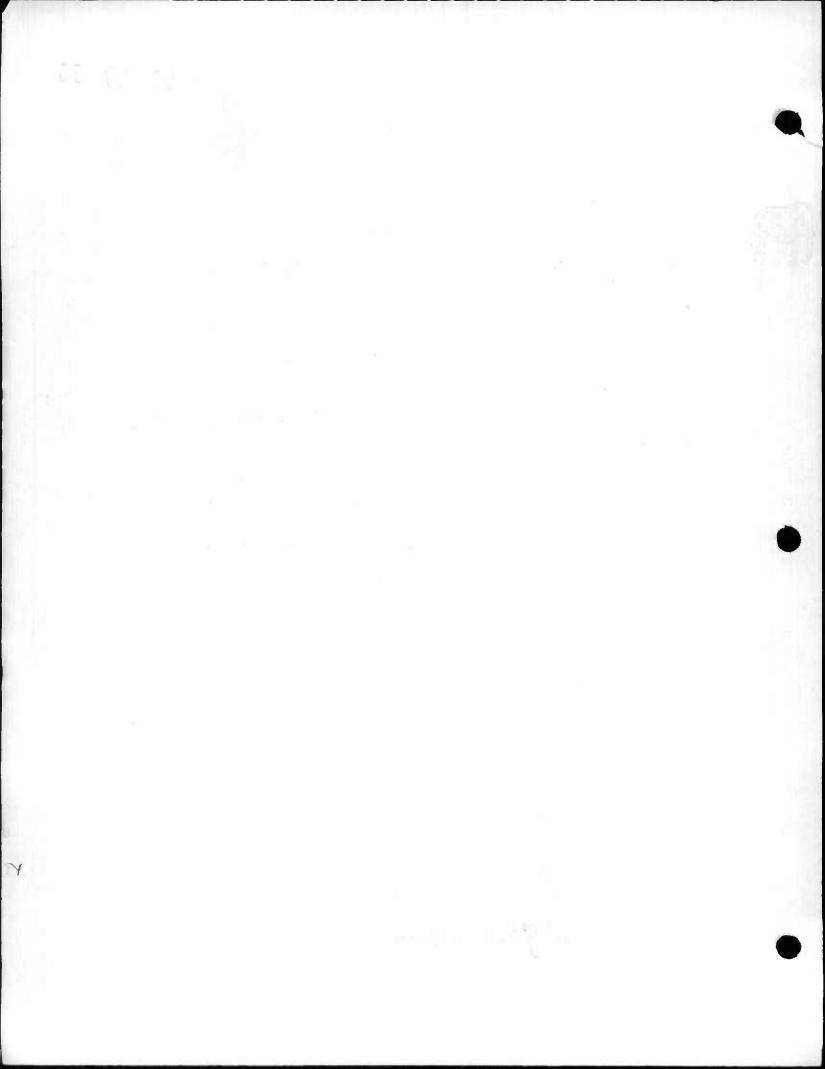
1990

30. NAME AND ADDRESS OF PE

31. DATE FILED (Month, Day, Year)

	FOR STATE REGISTRAR  1. DECEMENT'S NAME (First, Middle, Last)	STATE OF I	MARYLAND /			OF DE		R	EG. NO.	90		1856
	1. DECEPTIFY S NAME (First, Migdle, Last)		TER	on	1E	FLOA	M	2. DATE OF I	DAY	YEAR 90		ME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-07-3757	5. SEX 1 M 2 F	6. AGE (In yrs. les 82	t birthday) YRS.	IF UNDER 1 Y	EAR IF UND AYS HOURS	DER 24 HRS.	7. DATE OF B (Month, De	HRTH	e. BIR	rthPLACI	E (State or Foreign
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF D			COUNTY OF		KYLAND
TOR	HOMEWOOD HO	SPITAL (	CENTER SO	HTUC		BALTIM	ORE					
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Υ			Y, TOWN OR BALTI							INSIDE CITY LIMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3309 LABYRINTH RI	) <b>.</b>				10f. ZIP CO	212	15	10g.	CITIZEN OF		COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDER	NT EVER IN U.S. AR I YES 2 (A) MAR OR DATES	RMED NO	lf y		ban, Maxler	en, Puerto Ricer	pecify Yea or No.	Ble	ACE — Ar ack, Whit secily:	merican indian, ta, etc. WHITE
ETED	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCC	JPATION ing most of wo	rkina	16b. KIN	D OF BUSINESS	/INDUSTRY	1	
IPLET	Elementary/Secondary (0-12)	College (1-4 or 5	life	. Do NOT us	PRINTE			US	TAG &	TICKE	ET C	0.
E COMPL	17. FATHER'S NAME (First, Middle, Last) DAVE FLOAM					16. M			e, Meiden Suman [MON]	ne)		
TO BE	19a. INFORMANT'S NAME (Type/Print)  MR. STUART I. FLO	DAM							Or Town, State	'		
	20e. METHOD OF DISPOSITION  1A Buriel 2 Cremetion 3 Rem  440 Donation 5 Other (Specify)		_	OF DISPO		of cemetery, c			20c. LOCATION		Town, S	tete
	21. SIGNATURE OF FUNERAL SERVICE U		luan	AI IS	22. NA		EVIN	SON & E	BALTI BROS, IN	c.		
	23 PARTIL Enter the diseases, of shock, or heart tallure. IMMEDIATE CAUSE (Finel	complications the	at coused the de use on each line	eath. Do	not enter th	e mode of	dying, suc	ch as cardiac	Dr reepiratory	erreat,	MD	21215 Approximate interval Between Onset and Death
	disease or condition resulting in death)	e. M	10 COL			In	far	ctic			-	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury	b. Ather	O (OR AS A CONSE			andi	OVA	scula	r Dr.	) eay	e	
RTIF	that initiated events resulting in death) LAST	d	O (OR AS A CONSE	OUENCE O	<b>ነ</b> ና):							
EDICAL	PART II. Other significent condition	ne contributing to			in the under		e given in		PERFORMED?		COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:			heck only one)	pec(fy)			
	27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TIR		Be. INJURY AT WORK? 1 YES			BE HOW INJURY	OCCURED	)	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, factor	r, office			N (Street and Nu own, State)	imber or Rui	ral Route	Number,
COMPLET	construction of the	SICIAN: To the best of									an(a) and	manner or stated
ш	29b. SIGNATURE AND TITLE OF DESIGNATURE	1/1	The L	nvestigati	on, in my opi		ICENSE NU					oth, Day, Year)
10 B	30. NAME AND ADDRESS OF PERSON W	110	wy	W 270 /	114	1 10	127	315	-	10	-5	-90

DHMH-16 Rev 1/89



completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ned within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

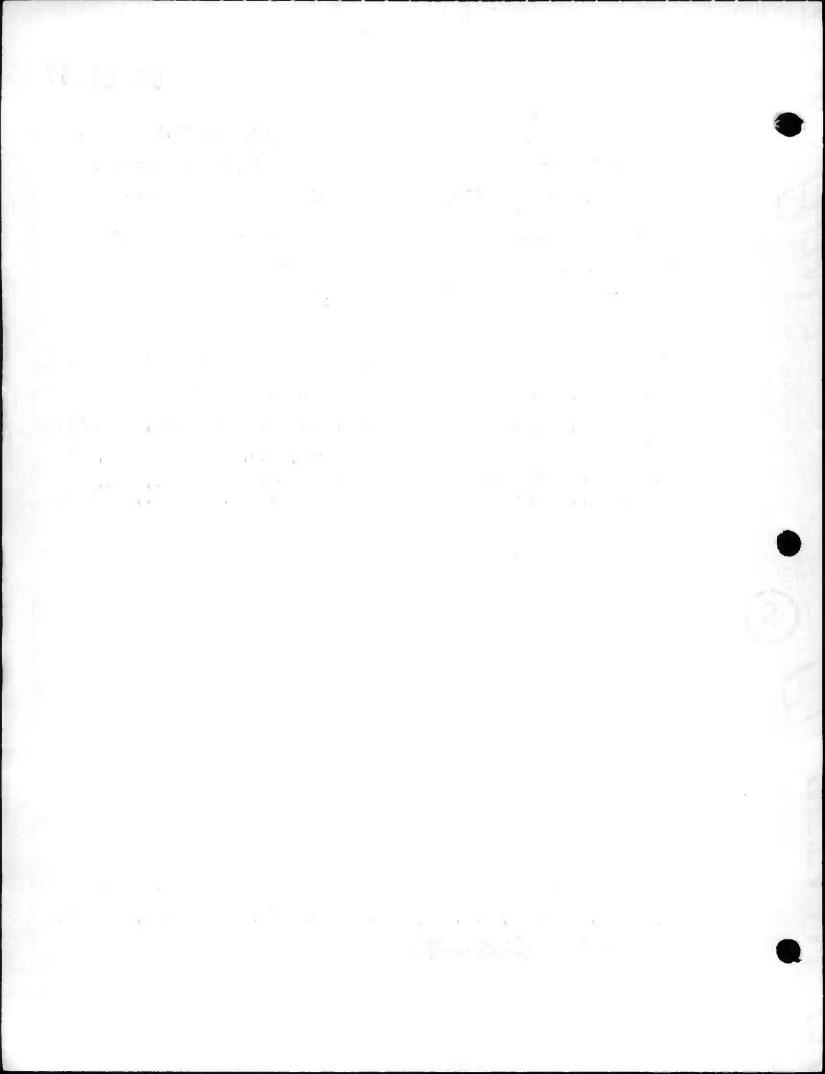
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.	90	21031
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH		. TIME OF DEATH
Henry Ch	narles Ferg	er			Octo	her 11	.1990	1:00 P
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTHP	LACE (State or Foreign
433-54-1518	1 🗶 M 2 🗌 F	49 YRS. MO	DAYS	HOURS MIN.	11/	16/40	Lou	isiana
9a. FACILITY NAME (If not institution, give	street and number)	91	b. CITY, TOWN C	R LOCATION OF DE	ATH	9c. (	COUNTY OF DE	ATH
2929 Berwick	Avenue 21	.234	Ba	ltimore	e			
10a, STATE 10b. COUNT	TY .	10c. CITY, T	OWN OR LOCAT	ION				IOd. INSIDE CITY
Maryland					timor	e		X YES 2 NO
10e. STREET AND NUMBER			101	ZIP CODE		10g.	CITIZEN OF WI	
2929 Berwick					1234		US	
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3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 X NO Specify	y:		Specify	White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	UAL OCCUPATIO	DN .	16b. K	IND OF BUSINESS	MINDUSTRY	WILLOC
(Specify only highest grad Elementary/Secondary (0-12)	le completed)  College (1-4 or 5+)	(Give kind of world life. Do NOT use n	k done during mo etired.)	et of working				
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17. FATHER'S NAME (First, Middle, Lest)					ME (First, Mic	ddle, Maiden Sumer	ne)	
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19e. INFORMANT'S NAME (Type/Print)				and Number or Rural				
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4 Donation 5 Other (Specify)  21. SIGNATURE F FUNERAL SERVICE L	ICENSES /	Metro		tory,		Ва	LT1mo	re, MD
2007	you the			tion So		y of M	d., I	nc.
George E.			299 F	rederic	ck Rd	l. Bal	to.,	VID 21228
23. PART I. Enter the diseases, or	complications that cause List only one cause on a		enter the mo	de of dying, auc	h as cardle	ac or reapirator	y arrest,	Approximate Interval Between
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disease or condition resulting in death)	Large	Cell (	arcin	oma e	t, r	ung		6 nundle
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Sequentially list conditions,	b	A CONSEQUENCE OF):						
If any, isading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE OF):						İ
CAUSE (Disease or Injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):						
resulting in death) LAST	4							
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PART II. Other significant condition				g cause given in	Part I.	24a, WAS AN AUTO PERFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
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	T							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C/				
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1 Netural 8 Pending	(Month, Day, Year)	INJUF	RY WO	ORK? YES 2 NO	280. DESC	HIDE HOW INJUN	TOCCORED	
2 Accident Investigation		Y Al home, ferm, str			281 LOCA	TION (Street and No	imher or Birel B	nute Number
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spi	ecify)	out, ractory, orac			Town, State)	377007 07 740141 77	and trombol,
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CONSCIN ONLY	SICIAN: To the best of my known NER: On the basis of examination							and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI			* - Frankly	29c, LICENSE NU				Montfl. Day, Year)
MS /-	MD			D338	-	240	10/11	190
30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type. P	Print)	17000	/		1-//1	140
Robert J. V			,	arles	St.	Baltim	ore.	MD 21218
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	.,. 01.				,	2-2-0
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be study within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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	1 - FOR STATE REGISTRAR	STATE OF N	/ARYLAND /	DEPAR ERTIF					MENTAL	HYGIEN REG. NO.	E C	90	27858	3
	1. DECEDENT'S NAME (First, Middle, Last) Mar.	ie		gom	er				2. DATE MONTH	0F DEATH DA	NY.	YEAR	3. TIME OF DEATH 6:55PM	м
	4. SOCIAL SECURITY NUMBER 213-34-3397	5. SEX	6. AGE (In yrs. les 73	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Month)	Dey, Year)	17	Country	PLACE (State or Foreign aryland	n
DIRECTOR	9a. FACILITY NAME (If not institution, give s 1115 Quantral W				9b. CITY			on of DE			9c. COUR	NTY OF DI	EATH	-
5	RESIDENCE OF DECEDENT													
2	10a. STATE 10b. COUNT	*		10c. CIT	Y, TOWN			37.7					10d. INSIDE CITY LIMITS?	
	Maryland -		•		Bal			,Md	•				1 XXES 2 NO	
3AL	10e. STREET AND NUMBER					101	ZIP COD				10g. CITI	ZEN OF W	HAT COUNTRY?	
		antril		_				205			US			
BY FUNERAL	11. MARITAL STATUS 1 Never Married S Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2 WAR OR DATES	MED X		If yes, sp	ecify Cuba		n, Puarto F	? (Spectfy Yes tican, etc.)	or No—	14. RACE Black Specia	- American Indian, White, atc.	
COMPLETED E	15. DECEDENT'S EDU (Specify only highest grade	CATION CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONTROL OF CONT	16e. DE	CEDENT'S	USUAL O	CCUPATIO	ON et of worki	na	16b.	KIND OF BUS	INESS/IND	USTRY	WIII OC	
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ő	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, A	Aiddle, Maiden	Surname)			
BE C	J	Tames		Barl	oer			Nel	1ie	Un	know	'n		
6	19a. INFORMANT'S NAME (Type/Print)		19							Der, City or Tow			205	
	Mr. James Kimes 200. METHOD OF DISPOSITION		20b. PLACE						way	Balt	CATION —			_
	Burlet 2 Cremetion 3 Rem	oval from State	- Glen	lace)					a rk				nie,Md.	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I GTEII	па				SS OF FA		1 6				-
	+ James Fr.	Hereb	2	r.		Mac	11.	, F11	nor	ı Lo		•	.Md.2123 E.Fort <i>P</i>	
Н	23. PART i. Enter the diseases, or	complications the	it caused the di	eath. Do	_								Approximate	
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)		use on each line	э.						•		,	interval Betw Onset and D	төөг
Z		DUE TO	(OR AS A CONSE	OUENCE (	OF):									
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE (	OF):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO	(OR AS A CONSE	OUENCE (	OF):							-		
	PART ii. Other algnificant condition	ne contribution to	death but not	reculting	in the u	ndedyln	~ cellee	alven la	Dart i	24e, WAS AN	ALITOPRY	245	WERE AUTOPSY FIND	INGS
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ă	Cerebrovascular								- 1	1 TYES 1	KS NO		OF DEATH?	
×	CCLCDIOVADOUIGE	acciacin							- 1	INSPEX	CTION	1	1 TYES ZYNO	
AN	25. WAS CASE REFERRED TO MEDICAL	1				26 P	ACE OF	DEATH (C)	eck only or					
i	EXAMINER?	HOSPITAL:			OTHE	R:			-					
PHYSICIAN: MEDIC	1 XXES 2 □ NO  27. MANNER OF DEATH  XX Natural 5 □ Pending	26a. DATE O	ER/Outpetlent : F INJURY Day, Year)	26b. TII	1	26c. IN.	JURY AT		6 Othe	SCRIBE HOW	INJURY OC	CURED		
B	2 Accident Investigation	20 - 01 405	OF INJURY — At h		M		YES 2 [	NO	201 1 2			0 1	D	
9	3 Suicide 6 Could not be 4 Homicide determined	building	atc. (Specify)	ome, mm,	street, te	ctory, ome	: 8			ATION (Street or Town, State		r or Hurai i	Houte Number,	
	29s. CERTIFIER	CICIAN: To the heat of	d my knowleden d	anth annu	and at the	time detail	and also		4- 4b	(a) and ma		do d		
COMPLETED	(Check only one) 2 MEDICAL EXAMIN	ER: On the basis of											s) and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIE	ER.					290 110	ENSE NU	MRFR		29d DAT	E SIGNED	(Month, Day, Year)	_
) BE	.()	)eight						OCM			<b>&gt;</b>		.0-10-90	
٩	30. NAME AND ADDRESS OF PERSON WE DONALD WRIGHT, I		JSE OF DEATH (ITI			Penn	Stre	eet,	Balti	more,	MD 21	201		VC
	31. DATE FILED (Morith, Day, Year)	32. MGISTR	AR'S SAMATURE											
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HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the deep carrier death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been account on the amending princers and reference for use as the burial-transit per with the State Dect. of Health and Mental Health and the princers after death with the State Dect. of Health and Mental Health and Durial cramation, or removal.	TANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 12146,

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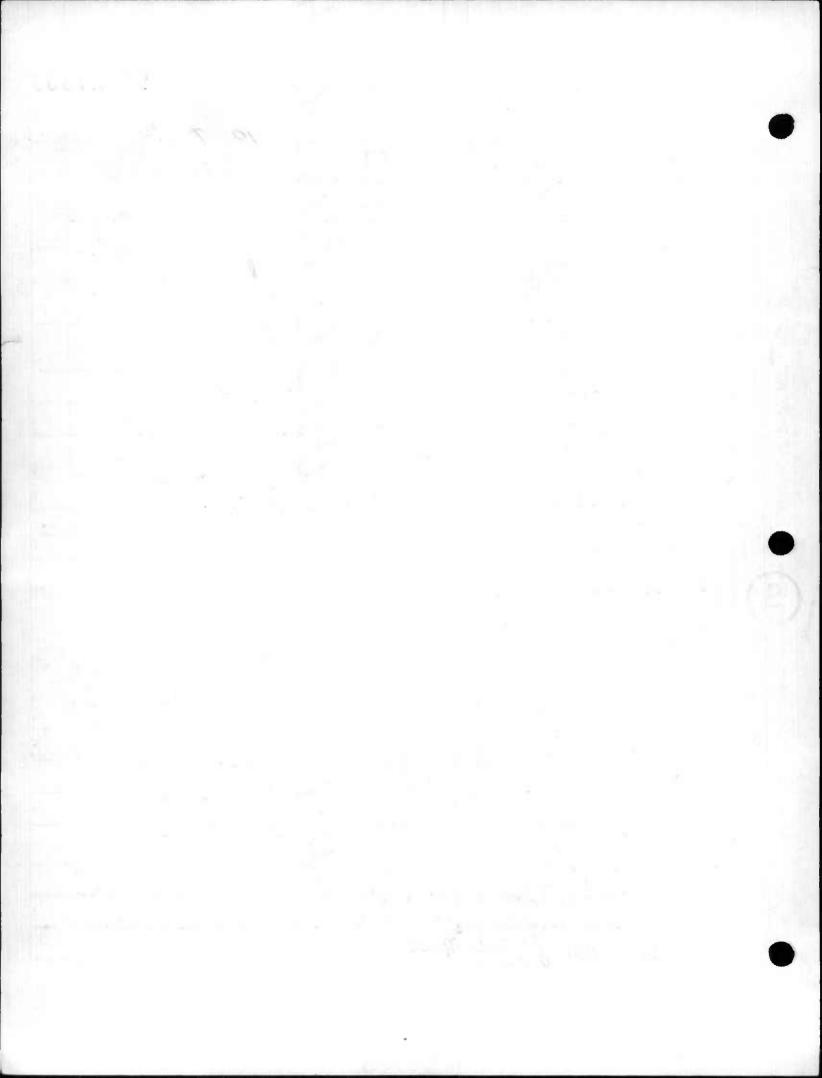
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2. DATE OF DEATH 3. TIME OF DEATH 3 M AG 6. 10 5. SEX A SOCIAL SECURITY NUMBER 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year) B. BIRTNPLACE (State or Foreign DAYS 14-42-0570 1 M 2 | F HOURS OCT. 1943 PENNSYLVANIA 17 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 ND 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 70 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAN DR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES XXXXIID Specify: 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 1 Never Married 2 Married Specify: WHITE BY 3 Widowed 4 Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) MANAGER/WEATHERIZATION PROGRAM STATE OF MARYLAND 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) SARAJANE AARON HENRY GETZ BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. SARAJANE GETZ 3907 SEVEN MILE LA., APT. D-4 BALTO, MD 21208 20s. METHOD OF DISPOSITION

1 V Buriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State BALTIMORE, MD ANSHE **EMUNAH** 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Lemenso 6010 REISTERSTOWN RD. BALTO 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory srrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) Rais DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF)-PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 00 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER th, Day War BE Chu425 Khas 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MD ALD HAST 61 31. DATE FILED (Month, Day, Year) 2. REGISTRAR'S SIGNATURE

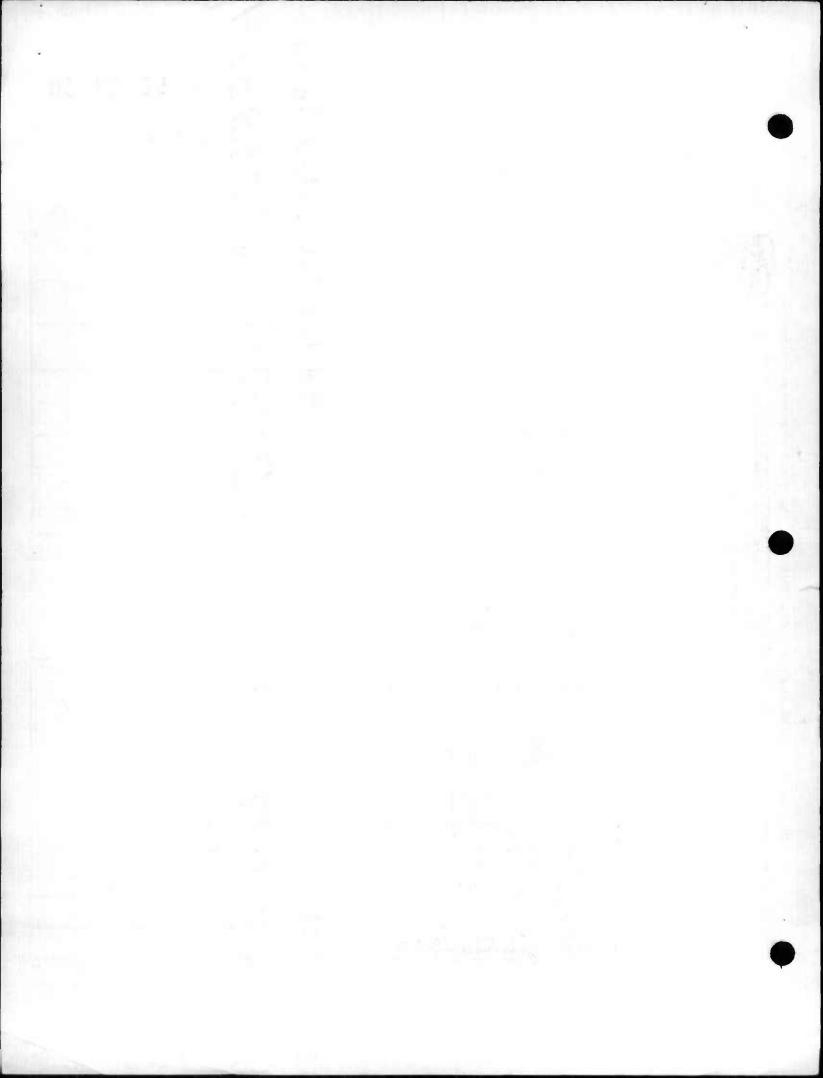
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DIVISION OF VITAL NECONDS, F.C. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any wound after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he find within 72 hours after death with the State Debt. of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR		R 24 HRS.		Dey, Year)		8. BIRTI Count	HPLACE (State or Foreigns)
243 2241	011	1   M 2   F	4	YRS.	action care	Hooks		2-	15-4	5		MD
De. FACILITY NAME (If not instit					9b. CITY, TOWN			EATH		Sc. COL	INTY OF C	DEATH
University		MD			Balti	more	5					
IOB. STATE 10	Ob. COUNTY			10c, CIT	TY, TOWN OR LOC	ATION	-				-	10d. INSIDE CITY
MD				Ва	altimor	e					- 1	LIMITS?
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1. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED					? (Specify Yes	or No-	14. RAC	E — American Indian,
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B Widowed 4 Divorce	ed	3111.										Black
15. DECED (Specify only h	DENT'S EDUCA		16a.	(Give kind of	B USUAL OCCUPA work done during i	TION most of work	dna	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5	*) u	nemp	ise retired.) _							
				1					1			
7. FATHER'S NAME (First, Midd						18. MOT	THER'S NA	ME (First, A	liddle, Malden	Surname)		
Vester Gr								ine				
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College of the case of time, date	24a. WAS AN PERFOI 1 YES :	AUTOPSYRMED? 2 NO and Numbers and due to	CCURED er or Furni	Approximate Interval Betwonset and D I Well  b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETE PRIOR TO COMPLETE PRIOR TO TO TO TO TO TO TO TO TO TO TO TO TO



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1	A De Desposation		I hitem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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-	filled in by	on, or remo	e medica
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2000	ician and c	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	traumatic
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BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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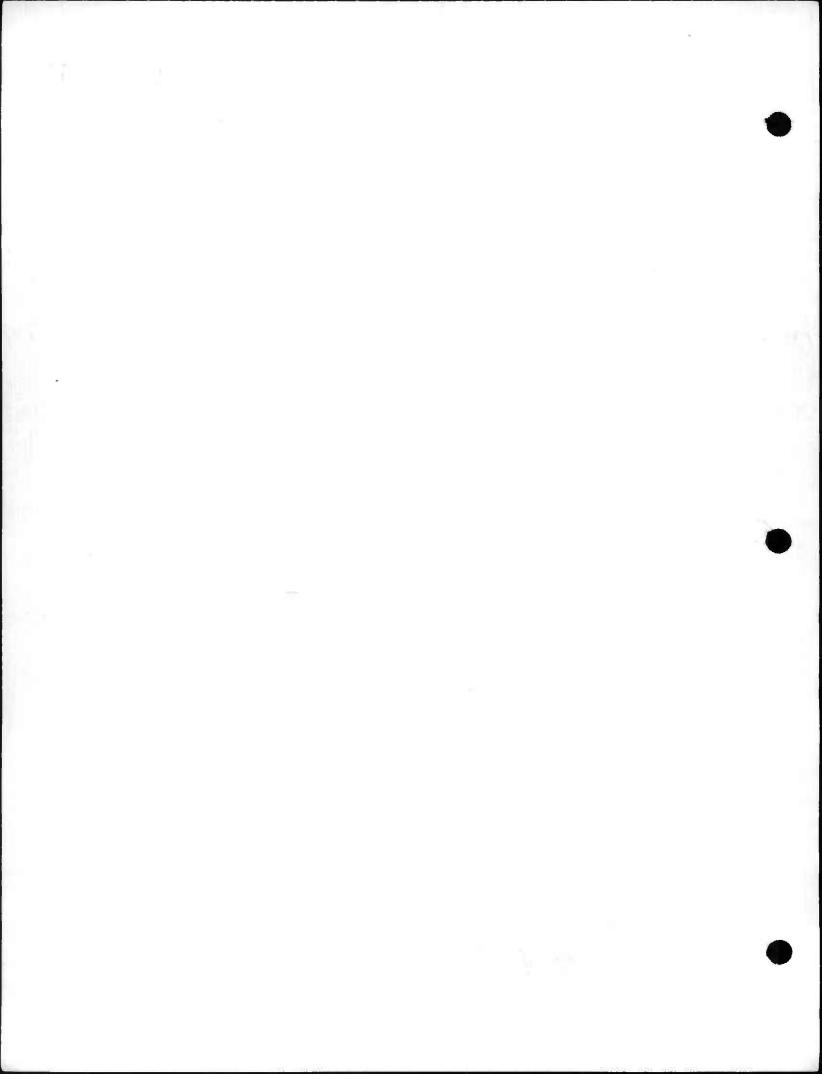
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OCT 1 2 1990

permit. Pages 1, 2, 3 should

1 -2. DATH OF DEATH 1990 YEAR 10-9-90 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH 2:46 HARRY EDGAR HOUCK, JR. 6. AGE (In yrs. last birthday) 4 SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8 BIRTHPI ACE (State or Foreign HOURS 1 M 2 F JAN. 12 215-05-5203 MARYLAND 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Harford DIRECTOR Fallston General Hospital Fallston RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HARFORD BEL AIR 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 300 SUNFLOWER DRIVE, APARTMENT 252 21014 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 X Married 1 YES 2 XNO Specify BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A SUPERVISOR MANUFACTURING COMPANY 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY HOUCK, SR. AGNES McQUAID BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EILEEN VARELLI (DAUGHTER) 505 SUMMIT DRIVE, FALLSTON, MARYLAND 21047 20b. PLACE OF OISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Stata GARDENS OF FAITH BALTIMORE, MARYLAND 4 Donation 5 Other (Specify) 22. NAME AND AODRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE SCHIMUNEK FUNERAL HOME, INC. 9705 BELAIR ROAD, BALTIMORE, MARYLAND 21236 Garne 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reapiratory arrest, shock, or heef teliure. List only one cause on asch lina. Approximata Onset and Death IMMEDIATE CAUSE (Fine) ACUTE MYOCARDIAL INFARCTION ASSOCIATED WITH ISCHMIC HEART DISEASE disease or condition___ resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CARDIOGENIC SHOCK AND CONGESTIVE HEART FAILURE DUE TO ACUTE MI CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate VIRAL PNEUMONIA ASSOC. WITH RECENT INFLUENZA A VACCINATION 10/2/90 cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events COMPLICATED BY SECONDARY BACTERIAL PNEUMONIA LEADING TO resulting in deeth) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS MEDICAL ACUTE RESPIRATORY FAILURE. CHRONIC RENAL FAILURE WITH COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO ASCVD, NEPHROSCLEROTIC VASC. DIS., HYPERTENSION, PULMONARY y refused " EMPHYSEMA, CHRONIC BRONCHITIS. SEVERE PERIPHERAL VASC. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1A Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO me 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending м 1 YES 2 NO BY Investigation 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🔲 Sulcide 6 Could not be COMPLETED 4 🔲 Homicide 29a CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of as 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE Tun und C MD D 018779 ▶ 10/09/90 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Albert S. C. Sun. 1800 Harford Road, Fallston, MD 21047 M.D. 31. DATE FILED (Month, Day, Year) Suna Daydson Randall

DHMH-16 Rev 1/89

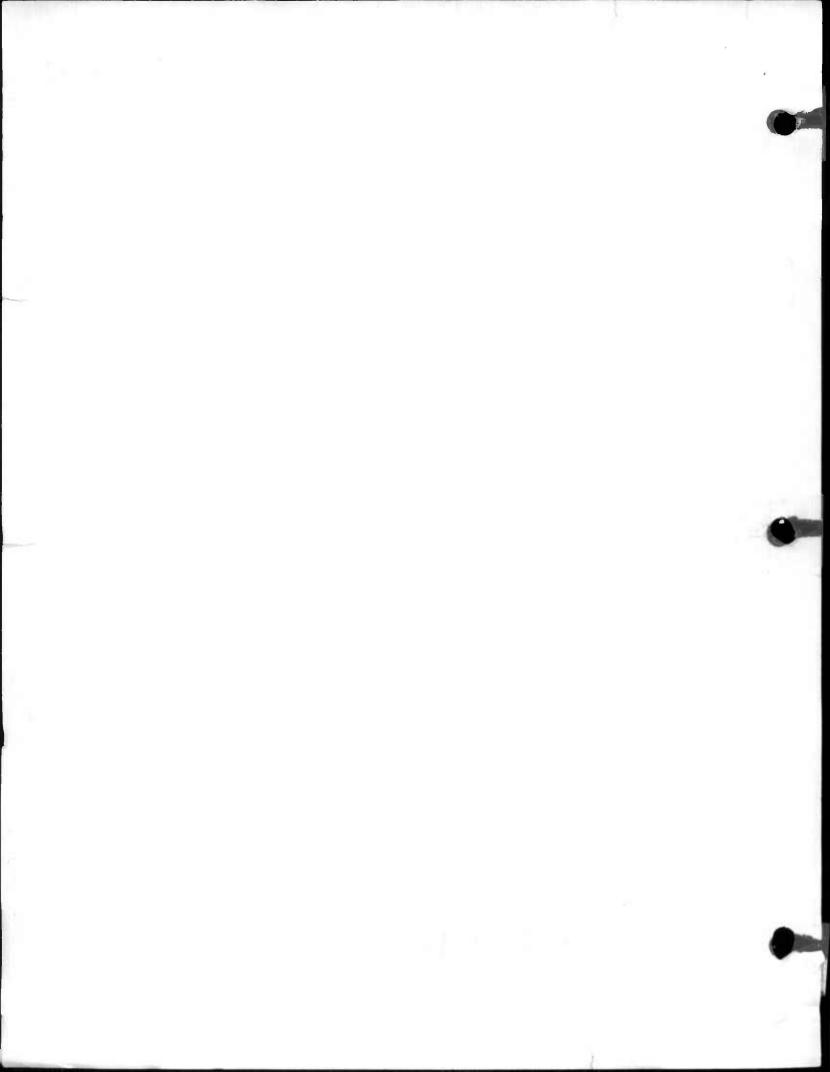


BALTIMORE, MARYLAND 21203 OF

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	1 - FOR STATE OF MARYLAND / STATE REGISTRAR CE		ENT OF H		IENTAL HYGIEN REG. NO		
,	1. DECEDENT'S NAME (First, Middle, Lest) HERBERT J. HART	Z ECC	_			- 9 d	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. les  220 - 24 - 50 - 9 1 M 2 F 82  9a. FACILITY NAME (If not institution, give street and number)	YRS. MON	UNDER 1 YEAR ITHS DAYS . CITY, TOWN O	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country) Y OF DEATH
TOR	ST. JOSEPH HOSPI	TAC	70	WSO,	N		BACT.
DIRECTOR	10a, STATE 10b. COUNTY		OWN OR LOCATI				10d. INSIDE CITY LIMITS?  1 YES 2 NO
3AL D	100. STREET AND NUMBER 325 DUNKIRK R			ZIP CODE	2	10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR	MED	13. WAS DECI	A ( ) (	IC ORIGIN? (Specify Ye		4. RACE — American Indian, Black, White, atc.
B⊀	1 Never Married 2 Married 3 Wildowed 4 Divorced  FORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES	NO		cify Duban, Maxican 2 NO Specify:	, Puerto Rican, atc.)		Specify: White
COMPLETED	(Specify only highest grade completed) (G Elementary/Secondary (0-12) Collega (1-4 or 5 +)	ECEDENT'S USIL Bive kind of work DO NOT use re SUDEY IT		N It of working	16b. KIND OF BU		
COMP	17. FATHER'S NAME (First, Middle, Lest) Herbert Joseph Hartzell, Sr.	Super II	ideirc		ME (First, Middle, Meide ry Cather		ice
TO BE	19a. INFORMANT'S NAME (Type/Print) 19			nd Number or Rural R	loute Number, City or To	wn, State, Zip C	
	204 METHOD OF DISPOSITION 201 PLACE	OF DISPOSITIO	ON (Name of cen	o vantement variet		OCATION — CI	ty or Town, State
	as a consuming or of them to account to charge (1)		lawn Ce	metery p ADDRESS OF FAC			, Maryland
	James F. Burnside, Jr.	^	Mitc 6500	hell-Wie York Rd	defeld Ho Baltim	me, In ore, M	c. d. 21212
CERTIFICATION	in interest fellure. Liat only one ceuse on each line in interest cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	EQUENCE OF):	Ja	ail	ue_		Interval Between Onset and Daeth
	PART II. Other algorificent conditions contributing to deeth but not	reaulting in t	the underlyin	ceuse given in		IN AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL					1 □ YES	2 X NO	OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HQSPITAL:		THER:	ACE OF DEATH (Chi			
/ PHYS	1 VES 2 NO 1 SAmpetiant 2 ER/Outpetiant  27. MANNER OF DEATH 1 Netural 8 Pending  28. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c. INJ		8 Other (Specify)  28d. DE\$CRIBE HOV	INJURY OCCU	JRED
TED BY	Accident Investigation     S Suicide 6 Could not be determined  28a. PLACE OF INJURY — At h building, stc. (Specify)	ome, farm, stre	et, factory, offic	•	281. LOCATION (Stree City or Town, Sta	ot and Number o	or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, of medical Examiners on the basis of examination and/or						
TO BE (	29b. SIGNAPORE AND TITLE OF CERTIFIER	)		29c. LICENSE NUI	BO6	29d. DATE	SIGNED (Marith, Day, Year)
٢	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT		DRK 6	W M	D2120	Y	1
	OCT 1 2 1990 Julia Davidson-Ra	ndess					DHMH-16 Rev 1/89



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ITEMS:23 thru 28f per ME G-668 10-26-90 cm

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND / CE		ICAT				MENTA	REG. NO.	E	50	ba	, , , ,	,
,	1. DECEDENT'S NAME (First, Middle, La.	ueline	D.			Hal	277		2. OATE	of OEATH 0-5-90	NY.	YEAR		S5PM A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRT	HPLACE (	(State or Foreign	_
	216 68 7306	1 🗌 M 2 💢 F	33	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC.	4, 19		M/	ARYL	AND	
NO.	9a. FACILITY NAME (If not institution, gh 1800 N. Bethel						n LOCATION				9c. COU	NTY OF	DEATH		
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE 10b, COU			10c. CIT	Y, TOWN	OR LOCAT	ION						10d. IN	SIDE CITY	_
	MARYLAND			E	BALTI	MORE								MITS? 'ES 2 NO	
FUNERAL	100. STREET AND NUMBER					101.	ZIP COO						WHAT CO		
NE.	1800 BETHEL ST		NT EVER IN U.S. ARM	MED	13,	WAS DEC	212		IC ORIGIN	I? (Specify Yes			OF Ame	A . orican Indian.	_
	1)(X) Never Married 2 Married 3 Widowed 4 Olvorced		1 ☐ YES 2 💢 NO WAR OR DATES	0		If yes, spe	2 X NO	n, Mexica:	n, Puarto	Rican, atc.)		Spec	ck, White, c/ly:	LACK	
COMPLETED BY	15. DECEDENT'S E (Specify only highest gr	ade completed)	(Gh	CEDENT'S ve kind of Do NOT u	USUAL O work done se retired.)	CCUPATIO	N st of workin	ng	166	KIND OF BU	SINESS/INC	DUSTRY			
PC	Elementary/Secondary (0-12) 0 - 10	College (1-4 or 5	+)		IETI						HOS	PITA	\L		
	17. FATHER'S NAME (First, Middle, Last)						16. MOTI			Middle, Malden					
BE	FRANK GRAHAI  19a. INFORMANT'S NAME (Type/Print)	M.	19b	MAILING	3 AOORES	S (Street a	nd Number			HALE)		Code)			_
2	MRS. VARNETTA HA	LEY-GRIME								and the same		- 101	LAND	21206	
	20a. METHOD OF DISPOSITION  10 Burlal 2 Cremation 3 R  4 Donalion 5 Other (Specify)	emoval from State	20b. PLACE C	OF DISPO	SITION (N	ame of cen	netery, cren	netory or		20c. LO	CATION —	City or 1	own, Stat	ta	_
	4 □ Donellon 5 □ Other (Specify) □  21. SIGNATURE OF FUNERAL SERVICE		WESTER	N 51			ERY ID ADDRE			0 JCATC	NSVI	رظيايا	MD.	BALTO (	)(
	- Lewis .	J. Yw	Ann		1					ERAL H				6393 RYLAND	
	23. PART I. Enter the diseases, shock, or heert fellu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. ALCOHO	et caused the deuse on each line.	JE_AI	ND N					·	ratory ar	rest,	- In	Approximeta Interval Batweer Onset and Deati	
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	O (OR AS A CONSEC												_
ERT	resulting in desth) LAST	d											_		
MEDICAL	PART II. Other eignificent condi	tions contributing to	o desth but not re	eeuiting	In the u	nderlyin	ceuse	given in	Part I.	24a. WAS AN PERFOI XXXES	RMED?	24	COMPL OF DEA	AUTOPSY FINOINGS BLE PRIOR TO LETION OF CAUSE ATH? SES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICA	ı.				26. PI	ACE OF D	EATN (Ch	eck only o	ne)					_
PHYSICIAN:	EXAMINER?  XXXES 2 \( \text{NO}\)	HOSPITAL: 1 Inpetient 2	☐ ER/Outpatient 3	□ DOA	OTHE 4 - Nu		a 5/C/4a	ealdence	6 🗆 Oth	er (Specify)					
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigati	10-5	Day, Year)		ME OF JURY 5p M	WC	URY AT PRK? YES 2	☑ NO		SCRIBE HOW	INJURY OC	CURED			
	3 Suicide 6 Could not determine	DB building	OF INJURY — At hor j, etc. (Specify)	me, farm,	street, fac	tory, offic	•		City	CATION (Street or Fown, State I I MORE	71 800	Y OF AUTO	MARY	LAND	
COMPLET	(Oracon oray	HNER: On the best of											e(a) and m	nanner se stated.	
BE	296. SIGNATURE AND TITLE OF CERT	Vight					29c. LIC	OCM				TE SIGNE		, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON DONALD WRIGHT,	MD				nn S	treet	.,Ba	ltim	ore,MD	2120	01		VC	
	31. DATE FILEO (Month, Day, Year)		RAR'S SIGNATURE	•••	=										
_4	OCT 1 2 1990	O SHOWN	dron-Randa	57					-					OHMH-16 Rev 1	/8!

mending physician.	Annual as the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 - 45.5 after death. Page 6 may be retained 7 - 45.5 and 10 physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should—a man at the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ance.

BALTIMORE, MARYLAND 21203-3146

	REGISTRAR		CERTIFIC	CATE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Will:	ie J.	Н	olmes			OF DEATH DAY	YEAR	3. TIME OF DEATH 6:41PM M
		5. SEX 6. AG		IF UNDER 1 YEAR		7. DATE	OF BIRTH Day, Year) 17/47	8. BIRTI Count	IPLACE (State or Foreign
Œ	98. FACILITY NAME (if not institution, give street 1828 Bond Street	et and number)			N OR LOCATION OF DE altimore (	ATH		UNTY OF C	
6	RESIDENCE OF DECEDENT								
DIRECTOR	10s. STATE 10b. COUNTY			TOWN OR LO					10d. INSIDE CITY LIMITS? 1 FYS 2 NO
	10e, STREET AND NUMBER			Baltin	101 CODE		1 40- 01	TITEN OF I	WHAT COUNTRY?
FUNERAL	2018 Boyd Str	eet			21223		10g. C	US	
BY FUN	11. MARITAL STATUS  1  Never Merried 2  Merried  3  Vidowed 4 Olvorced	12. WAS DECEDENT EVE FORCES? 1 1 YI IF YES, GIVE WAR OF	ES 2:E NO	If yes,	DECENDENT OF HISPAI specify Cuben, Mexica res 2 NO Specifi	n, Pusrto I		Spec	E — American Indian, k, White, atc. #/y: 1ack
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during	ATION most of working	186.	. KIND OF BUSINESS/II	NDUSTRY	
MPL	Elementary/Secondary (0-12)	College (1-4 or 5 +)					Hedwin (		ration
8	17. FATHER'S NAME (First, Middle, Last)						Viddle, Maiden Surname,		
띪	Roy Kitcken	1				nie	Kitcher		
2	196. INFORMANT'S NAME (Type/Print) Hattie Holmes				St. Balto.			Zip Code)	
	20st METHOD OF DISPOSITION 1 III Buriel 2 Cremation 3 Remon	val from State	20b. PLACE OF DISPOSI other place) Western				20c. LOCATION -		own, State 1e, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE			end Address of FA				-
_	23. PART I Lenter the diseases, or co	lself	and the death. Do no	130	00 Eutaw P	1. B	alto. Md.	2121	7 Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ALCOHOL, C		NARCC	DTIC_INTOX	ICAT	ION		Interval Between Onset and Death
EDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated eventa resulting in deeth) LAST		AS A CONSEQUENCE OF						
핑									
	PART II. Other elgnificant conditions	contributing to deat	h but not resulting in	tha underi	ying cause given in		24a. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24	b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26	B. PLACE OF OEATH (C)	heck only o	70)		
ဗ္ဗ	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/0	Outpatient 3 DOA	OTHER:	Home * Hesidence	6 □ Othe	or (Specify)		
PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJUI	RY 28b. TIME	OF 28c.	INJURY AT WORK?	2ad. DE	SCRIBE HOW INJURY O	OCCURED	
ED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. ( BATHROOM	URY — At home, farm, st Specify)			281. LOC City	CATION (Street and Num or Town, State)	ber or Rural	Aoute Number D STREET ARYT, AND
COMPLETED	(Orlean Orley	IAN: To the best of my k				to the ca	use(s) and manner as :		
	29b. SIGNATURE AND TITLE OF CERTIFIER	: On the basis of examin	ation and/or investigation	n, in my opinia	n, death occured at the				(a) and manner as stated.  D (Month, Day, Year)
TO BE	Donald & 1	Wright			OCI		<b>&gt;</b>	Jone	10-6-90
	DONALD WRIGHT, MI				nn Street	,Balt	imore, MD	2120	01
	31. DATE FILEO (Month, Day, Year) OCT 1 2 1990	REGISTRAN'S S	MIGNATURE						
	00112000	N	•						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and 3 after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remove	IMPORTANT If Here 29 to marked or Hem 23 shows any Injury or other trainmatic event the medica
T O	0	9
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9	U	6	10	p

	FOR STATE REGISTRAR	TATE OF MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AND I	WENTAL HYGIENE REG. NO.	90	2/865
	1. DECEDENT'S NAME (First, Middle, Last) Lula H	<b>i</b> 11		2. DATE OF DEATH September	28, 199	3. TIME OF DEATH 4:10 P
	4. SOCIAL SECURITY NUMBER  3. S. S. S. S. S. S. S. S. S. S. S. S. S.	M 2 N F S YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.  9b. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH	Soun	OKGIA
TOR I	Maryland General Hos		Baltimore Cit		VC. COONTY OF	JEAIN J
DIRECTOR	10a. STATE 10b. COUNTY	10g-CITY,	TOWN OR LOCATION			10d. IHSIDE CITY LIMITS?
JAL D	10s. STREET AND NUMBER	01	101. ZIP CODE	_ [	10g. CITIZEH OF	1♥ YES 2 ☐ HO WHAT COUHTRY?
FUNERAL		WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexico	HC ORIGIN? (Specify Yes	or No — 14. RAC	E — American Indian,
ĭ B		F YES, GIVE WAR OR DATES	1 YES 2 12 NO Specify		Spec	
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp  Elementary/Secondary (0-12)  Co	(Give kind of willing (1-4 or 5+)	ISUAL OCCUPATION ork done during most of working retired.)  EMPOMER	16b. KIND OF BUSI	HESS/IHDUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last)	Butter 1	20K HAN	ME (First, Middle, Maiden S	Sumame)	75
TO B	198. INFORMANT'S NAME (Type/Print)	CKSON 24	ADDRESS (Street and Number or Rural I	Route Number, City or Toyland Ave. 15	State, Zip Code)	1D.21215
	20g. METHOD OF DISPOSITION 1 Buriet 2 Cremation 3 Removal 1 4 Donetlog 5 Other (Specify)	from State 20b. PLACE OF DISPOSI		1 0	ATION - City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSE		22. NAME AND ADDRESS OF FA	ODAL SE	172 Ruice	Monege
	23. PART 1. Enter the diseases, or compensors, pr heert fallure. List IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	olications that caused the deeth. Do not only one ceuse on each line.  Asystole  DUE TO (OR AS A COHSEQUENCE OF		h aa Cardiac or reapir	etory srrest,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF COngestive Heart  DUE TO (OR AS A CONSEQUENCE OF Chronic Renal Fai	Failure			
	PART II. Other algnificent conditions co	ntributing to death but not resulting in	n the underlying ceuse given in	Part I. 24a. WAS AN / PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL				1 🗆 YES 2	<b>№</b> но	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIAN		DSPITAL:	26. PLACE OF GEATH (C)			
PHYS	1  YES 2 NO 15  27. MAHHER OF DEATH  1 Natural 6 Pending	Propertient 2 ER/Outpettent 3 DOA  28e. DATE OF IHJURY (Month, Dey, Year)  28b. TIME IHJU	JRY WORK?	6 Other (Specify)  28d. OE\$CRIBE HOW III	JURY OCCUREO	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	M 1 YES 2 NO	261. LOCATIOH (Street a City or Town, State)	nd Number or Rural	Route Number,
COMPLETED	(Greek drill)	: To the best of my knowledge, death occurrent the basis of examination and/or investigation				(a) end menner es atated.
TO BE C		jak, no for	N/A N/A	BER	29d. DATE SIGHE  ▶ 역 _	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO CO Ching Oliver Wor		and General Hos	pital		
	31. DATE FILED (Month, Day, Year).  OCT 1 2 1990	32 REGISTRAR'S SIGNATURE  Guna Davidson-Randall	11.			
	001 I N 1000	U				DHMH-16 R



man in Cylinder 

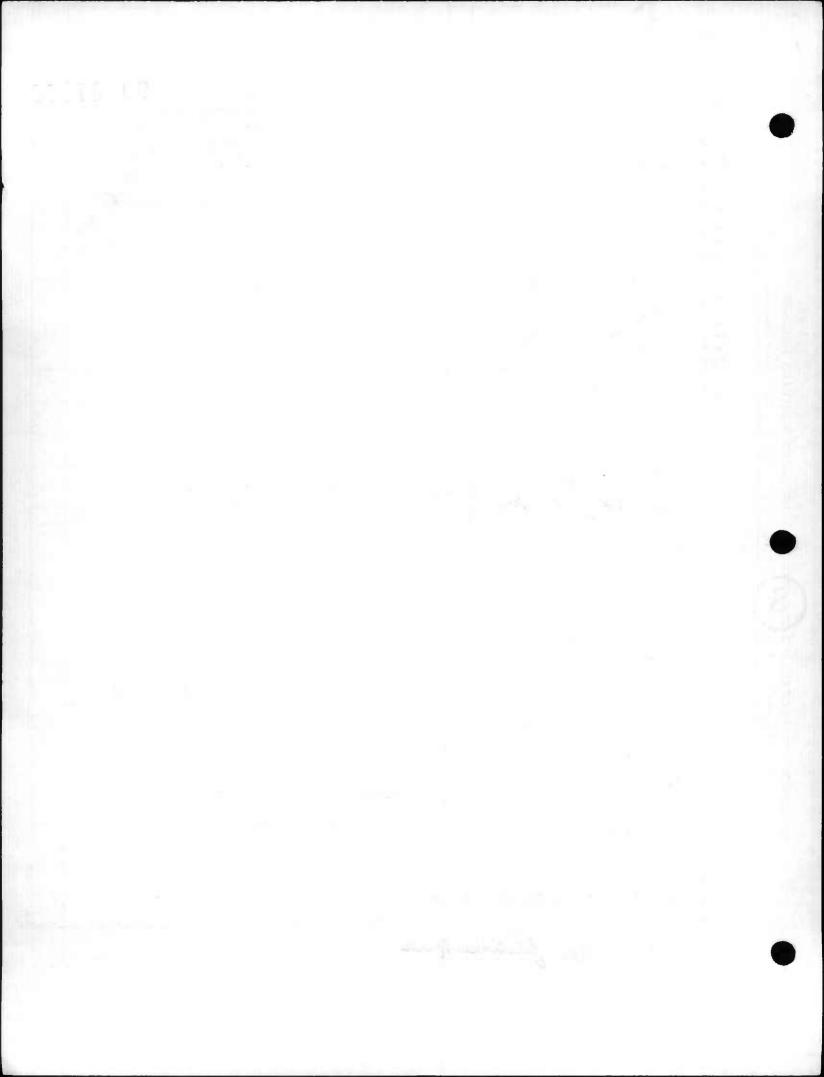
DIVISION OF VITAL RECORDS, P.O. BOX 1816.  TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law records that the data of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contro
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. DECEDENT'S NAME (First, Middle, L	ast)	CERTI	ICAIL	OI BEATH	2. DATE (	REG. NO.		2786
	Sadie	На	rris		10	8 19	990 YEAR	
220-03-9266	6. SEX 6. /	VGE (In yrs. last birthda) 74 YRS.	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE ( (Month, 7 – 1	9-1916	8. BIRTH Countr	PLACE (State or Foreign y) Md
De. FACILITY NAME (If not institution, g				TOWN DR LOCATION DE	DEATH	9c. CC	OUNTY OF D	
Bon Secours H	lospital		Balt	timore				
Md 106. CO			aty, town or altimor					10d. INSIDE CITY LIMITS? 1 X YES 2 ND
706 N. Appleto	n Street			101. ZIP CODE 21217			TIZEN DF V	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 5 Widowed 4 Divorced	12. WAS DECEDENT EV FDRCES? 1   IF YES, GIVE WAR (	YES 2 ND	13. W	AS DECENDENT OF HISP yes, specify Cuben, Mexi YES 2 ND Specify	ANIC DRIGINS can, Puerto R	(Specify Yes or No—lcen, etc.)	14. RACE Black Speci	American Indian, k, White, etc.
15. DECEDENT'S (Specify only highest ( Elementary/Secondary (0-12) 12th	EDUCATION grade completed) College (1-4 or 8+)	16a. DECEDENT (Give kind o life. Do NOT		CUPATION wing most of working	16b.	KIND OF BUSINESS/I	NOUSTRY	
T. FATHER'S NAME (First, Middle, Last Edward Wils				18. MOTHER'S N		iddle, Maiden Sumerne	)	
190. INFORMANT'S NAME (Type/Print) Linda Wils	son	196. MAILI 124	1 WOO	Street and Number or Rure	nue B	or City or Town, State, altimore,	Zip Code) Md 2	21239
Rea. METHOD OF DISPOSITION    A   Burial 2   Cremation 3      Donation 5   Other (Specify)	Removal from State	20b. PLACE OF DISP	osmon (Nem	e of comotory, cromatory of Memorial	Park	20c. LOCATION Arbut	- City or To	wn, State
23. PART I. Enter the discoses, shoot, of heart fall iMMEDIATE CAUSE (Final disease or condition	ure. List only ons cause	on each ilne.		430 ha mode of dying, su	00 Wa	H West bash Aver	nue srrest,	Approximata interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	AS A CONSEDUENCE AS A CONSEDUENCE AS A CONSEDUENCE	OF):	Failure				
that initiated events resulting in death) LAST	National apparation to de-	th but not resultin	g in the und	lerlying cause given	n Part i.	24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	SY 24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that initiated events	millions contributing to dea				-			, ,
PART II. Other aignificant cond  25. WAS CASE REFERRED TO MEDIC.  EXAMINER?	AL HOSPITAL:		OTHER:					
that initiated events resulting in death) LAST  PART II. Other algnificant cond	AL	URY 28b. 1	4 Nursi	ing Home 5 Residence 28c. INJURY AT WORK?	6 G Other		DCCURED	
PART II. Other eignificant cond  25. WAS CASE REFERRED TO MEDIC.  EXAMINER?  1   YES 2   ND  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2   ER  28a. DATE OF INJ (Month, Day, 1)  18b. PLACE OF IND building, etc.	URY 28b. 1	4   Nursi	ing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 ND	e 6 ☐ Other 28d, DE\$	(Specify)		Route Number,
PART II. Other algnificant cond  25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Netural 5 Pending Investigat  2 Accident algnificant cond 4 Homicide Certifying F	HOSPITAL: 1   Inpatient 2   ER  28a. DATE OF INJ (Month, Day, 1)  18b. PLACE OF IND building, etc.	URY 28b. 1  JURY — Al home, farr (Specify)	4 Nursing Street, factor with the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of the time of time of the time of the time of the time of time of time of	ng Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 ND ry, office	28d, DES	(Specify) CRIBE HOW INJURY ( ATION (Street and Num or Town, State)	ber or Rural i	

negistrar's signature

2 1990

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8. BIRTHPLACE (State or Foreign

AWOI

YEAR

9c. COUNTY OF DEATH

DALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

Specify:

USA

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, Whits, etc.

1 X YES 2 | NO

WHITE

18

920 AM

2. DATE OF DEATH

OCT. 2, 1990

16b. KIND OF BUSINESS/INDUSTRY

BALTIMORE COUNCIL OF

SOCIAL SERVICES

7. DATE OF BIRTH (Morith, Dey, Year) JAN • 4,1899

DIRECTOR

FUNERAL

BY

COMPLETED

220-44-3818

MARYLAND

11. MARITAL STATUS

10e. STREET AND NUMBER

Never Merried 2 Merried 3 Wildowed 4 Olvorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

RESIDENCE OF DECEDENT

9s. FACILITY NAME (If not institution, give street and number)

MERIDIAN HOMEWOOD NURSINGHHOME

3900 N. CHARLES ST., APT. 1407

15. DECEDENT'S EDUCATION (Specify only highest grade complete

10b. COUNTY

Hun WIREAM

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 X NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

6. AGE (In yrs. last birthday)

YRS.

5. SEX

1 M 2 X F

HURWICH)

IF UNDER 24 HRS.

BALTIMORE

21218

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

18. MOTHER'S NAME (First, Middle, Maiden Surname)

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

ASSISTANT DIRECTOR

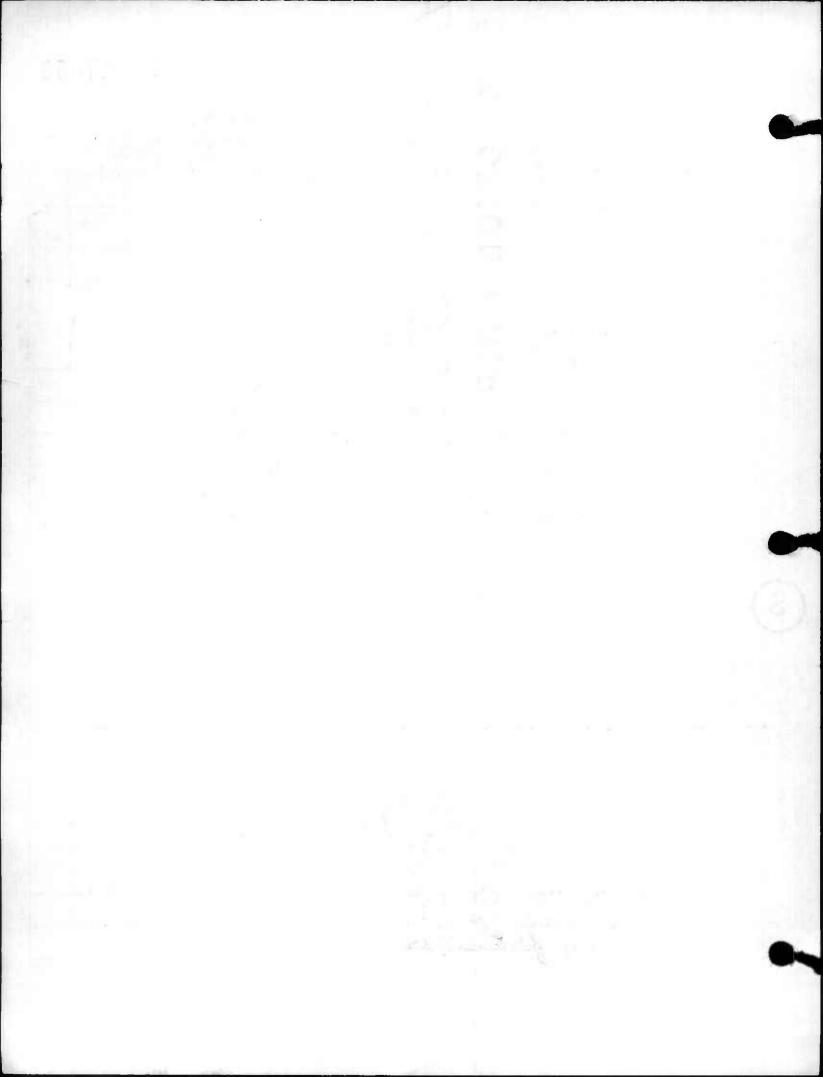
BALTIMORE

DIVISION OF VITAL RECORDS, P.O. POX 13/46,

i i i	SIMON HURWICH	ANNA STANIETSKY
TO BE	190. INFORMANT'S NAME (Type/Print) SHALE D. STILLER, ATTY.	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Zio Code) 300 E. LOMBARD ST. BALTO., MD 21202
er must be	20s. METHOD OF DISPOSITION 1	bb. PLACE OF DISPOSITION (Name of cametery, cremetory or other place)  SONS OF JACOB (OLD)  WATERLOO, IOWA
examin	21. SIGNATURE OF FIREFAL SERVICE CICENSEE	22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 21215
or rem	shock, or heart fellure. List only one cause on IMMEDIATE CAUSE (Fine)	od the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, each line.  Approximate Interval Between
cremation.	disease or condition resulting in death) a. Carda Due TO (OR AS	Lensure Cerdioureulu direase 15 yrs.
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TWO IN COLUMN TW	If any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF: 5 yrs.
ateroin mal Hygie r, or other traumatic EPTIFICATION	CAUSE (Disease or Injury that Initiated eventa resulting In death) LAST	nonsequencion: disease 1240
or signed by the of Health and Me hows any injury MEDICAL	PART II. Other algnificant conditions contributing to death	but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  OCT H IT.  1 YES 2 NO  1 YES 2 NO
is certificate has been in the State Dept. of them 23 start of them 23 start of the State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF DEATH (Check only one)
or ite	1 TYES 2 THO 1 Inpetient 2 ER/OL	tpetient 3 DOA OTHER: 4 Prursing Home 5 Residence 6 Other (Specify)
With With	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident investigation	0 INJURY M 1 YES 2 DATO Fell at home.
DIRECTOR: After hours after death tem 28 is ma	3 Suicide 6 Could not be 4 Homicide determined	17 — Al home, farm, street, factory, office 26f. LOCATION (Street and Number or Flural Route Number) 27 — Bult 39 Ch 4 Charles ST — Bult N d 212
UNERAL DIRECTIONS ANT: If Item COMPLE	(Creck Only	wiedge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  Ion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
TO THE FUNERAL TO BE GOOD TO THE FUNERAL TO BE COMP	29b. SKSTNATURE AND TITLE OF CERTIFIED	90. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)  ▶ 10 /2 / 9 0
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	Ly Ball Hd 21218
	31. DATE FILED (Month, Doy, You)	n-Randelle
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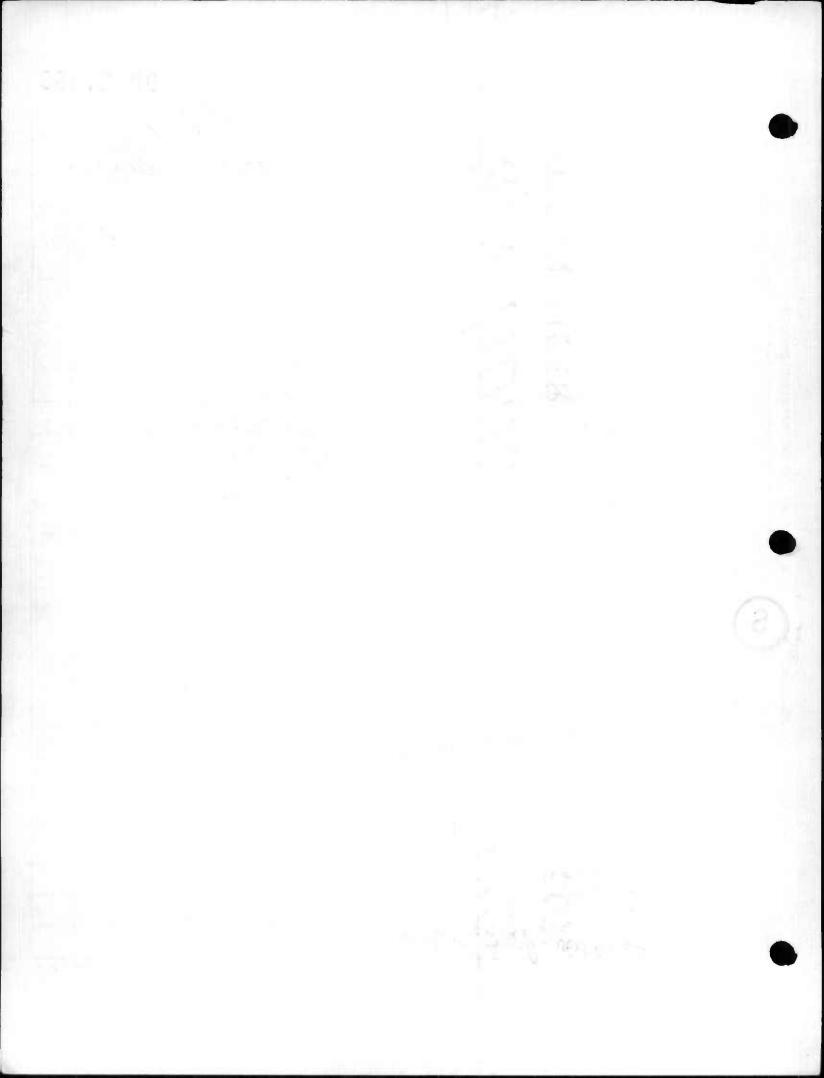
	1 - STATE REGISTRAR CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF							REG. NO		-	3. T	IME OF DEATH			
		-500	tuman	(:	SOLOM	ON H	MAN	)		MONTH		/	YEAR		5:00
OR	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH	3	8. BIF	THPLAC	E (State or Fore
	219-01-63	62	1 M 2 - F	76	YRS.	MONTHS	DAYB	HOURS	MIN.	- 1	Day, Years	/	Loc	intry)	CIVA.10
	9a. FACILITY NAME (If not ins	stitution, give a	street and number)			9b. CITY	, TOWN C	OR LOCATIO	N OF DEA				UNTY OF		
	RESIDENCE OF DEC				BAL	TIMOR	E								
EC	10a, STATE	10b. COUNT			10c. CI	ry, town	OR LOCAT	TION						10d.	INSIDE CITY
DIRECTOR	MARYLAND	B.	ALTIMORE			BAI	LTIM	ORE						1 [	LIMITS?
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	7609 SEVE	N MIL							.208				Ţ	USA	
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COMPLET	12	144-1-1			LA	PEDI'	LEK	41						JNAI	TON
	17. FATHER'S NAME (First, Middle, Last) DAVID HYMAN						-31	16. MOTH	ER'S NAM		iddle, Meiden A GOL				
BE	19a. INFORMANT'S NAME (7)				19b. MAILIN	G ADDRES	S (Street a	and Number	or Rural A		er, City or Tow				
6	MRS. MI		HYMAN					MILE			ALTO.			208	
	20s. METHOD OF DISPOSITI				CE OF DISPO	SITION (N	ame of cer	metery, crem	atory or	7	20c. LC	CATION -	- City or	Town, 8	State
1	1 Donation 5 Other	(Specify)		Other	place)	NAI	ISRA	EL CC	NG.			BA	LTI	MORE	E, MD
	21. SIGNATURE OF PUNERAL BEHINGE LICEVERSE  22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., 6010 REISTERSTOWN RD., BALTO., MD 21.											-			
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COO OF 1 [	Approximitation of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The Inc. modifies that the death confidence has	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the admiding continuous	with	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or behave frumati
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	90	27869
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.	90 27869
,	1. OECEOENT'S NAME (First, Middle, Last)	Henry			2. DATE OF DEATH MONTH DAY	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 200-24-7279	6. SEX 6. ME (In yrs. let	YRS. MONTHS	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)  V' CO'N' A
TOR	90. FACILITY NAME (If not institution, give etc.  2205 E / A M  RESIDENCE OF DECEDENT	nt of number)	9b. CITY,	Allimov	o City oc	COUNTY OF DEATH
L DIRECTOR	106. STATE 106. COUNTY		10c, CITY, TOWN O	I Igi, ZIP CODE	2)	10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tinte\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tiliext{\text{\text{\text{\text{\texi{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\text{\text{\text{\text{\texict{\texitt{\texi\texicl{\text{\texicl{\texit{\texit{\texi{\texi{\texi{\texi{\texi}\texit{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\t
FUNERAL	2205 E//B/	nont ST.  12. WAS DECEDENT EVER IN U.S. AF	AMED 13. V	2/2/	NIC ORIGIN? (Specify Yee or No	o 14. RACE — American Indian,
B	1 Never Married 2 Warried 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	1	YES 2 NO Specific	y:	Black, White, atc.  Becity  C  C
COMPLETED	15. OECEOENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (G	ECEOENT'S USUAL OC Give kind of work done of b. Do NOT use retired.)	CUPATION  Furthing most of worlding	16b. KINO OF BUSINES	S/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) Ames All	en BROW	VN		AME (First, Middle, Meldyfi Surner	me) PA40
2	Mr. Joseph	Henry 2	205 E	Mamon	Rough Number, City or Jown, Steel	to. md, 21216
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State Ofther p	(ace)	me of cometery, cremetory or For CST/ba NAME AND ADDRESS OF F	, Com	N — City or Town, State
	23. PART I. Enter tife diseases, or co	. Russ	3	22261	Jose Ave.	BA/15, Md 21211
	shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one cause on each line  Out TO (OR AS A CONSE	2 SU		EATH	ry arrest, Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	c AR	RHITHM	14	
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	ATTION	lesias	
AL	PART II. Other algolificant conditions	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		/		? AVAILABLE PRIOR TO
PHYSICIAN: MEDIC					1 D YES 2 3 1	OF DEATH?  1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (C)		
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJUR	Y OCCURED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, fact	ory, office	281. LOCATION (Street and Ni City or Town, State)	lumber or Rural Route Number,
COMPLETED	(Orlinon orlin)	HAN: To the best of my knowledge, d				ne stated.  a to the cause(s) and manner as stated.
TO BE (	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	on MP	EM 27 (3 C	M O. D	38002 D	S. DATE SIGNED (Month, Day, West)
	MOYSES PUR  31. DATE FILEB (Month, Day, Year)	ELSCH MD.	8321	BELAIRE	UNO RBA	17/MURS 21836
	1 ONPX x 224990	ST DEGISTRATS, SIGNATURE	andelle			



BALTIMORE, MARYLAND 21203-3

BOX 13146,

P.0.

VITAL RECORDS,

DIVISION OF

1. DECEDENT'S NAME (First, Middle, Last)

220-34-5259

MARI

4. SOCIAL SECURITY NUMBER

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1 YES 2 NO

WHITE

21215

Interval Between Onset and Death

doce

Approximata

24b. WERE AUTOPSY FINDINGS

OF DEATH? 1 | YES 2 | NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE

8. BIRTHPLACE (State or Foreign

MARYLAND

1050 AM

90

9c. COUNTY OF DEATH

2. DATE OF DEATH MONTH

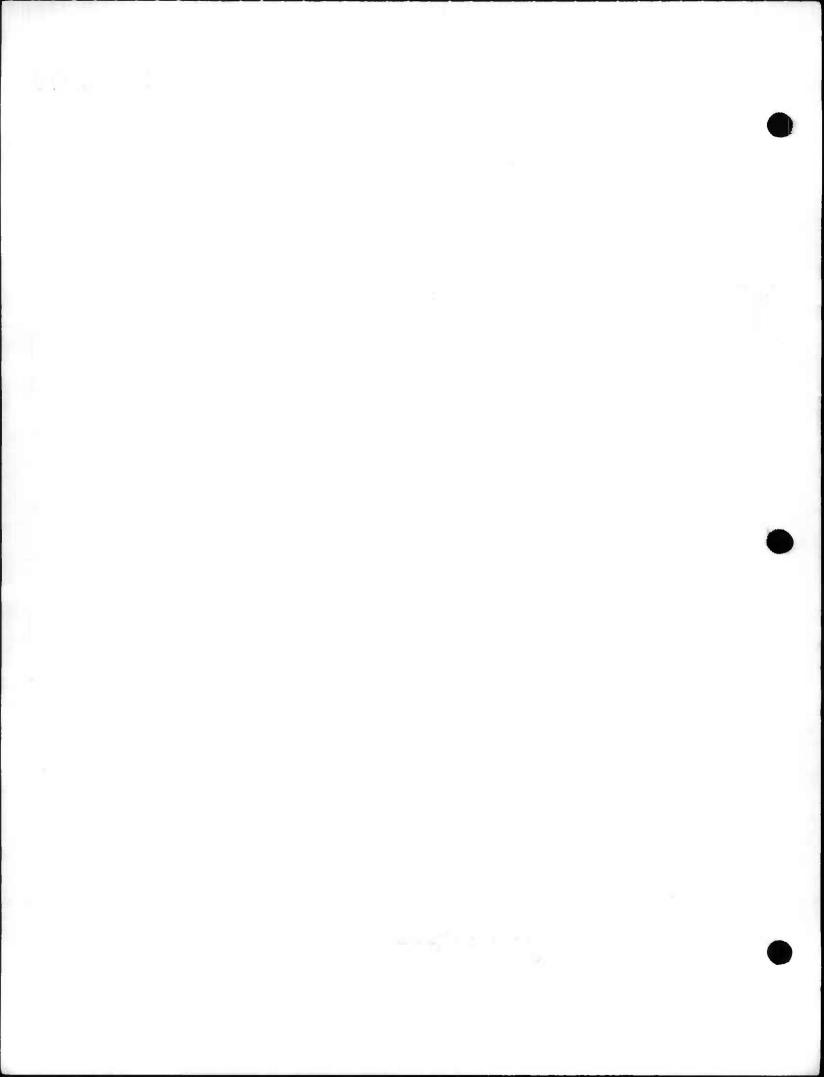
7. DATE OF BIRTH

03

04

permit. Pages 1, 2, 3 should DAIHMORE DIRECTOR 10c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 21208 USA 2806 MARNAT RD. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2X NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 10 1 Never Married 2 Merried Specify: 3 🔀 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) detached for retained by the hospital COMPL 12 HOUSEWIFE OWN HOME once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) RACHEL the funeral director, page 5 should be F JACOB LEVIN COHEN notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 9 MR. BERNARD LEVIN 10936 BLOOMINGDALE DR. ROCKVILLE, MD urs after death. Page 6 may be pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 1 X Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) must HEBREW YOUNG MEN BALTIMORE, MD examiner 21. SIGNATURE OF FUNERAL BETWICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, medical filled in by heart fellure. Liet Dnly one cause on each line. IMMEDIATE CAUSE (Final the disesse or condition Myo car and completely for burial, cremation ca executed within resulting in deeth) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 if sny, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL Health and 1 TYES 2 NO has been a Dept. of h PHYSICIAN: 26. PLACE OF OEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL this certificate h OTHER: 1 YES 2 2 76 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 CHG ng Home 5 - Reeldence 8 - Other (Specify) 6 28e. DATE OF INJURY 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF INJURY marked, 1 D Natural 5 Pending м 1 YES 2 NO BY After the Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete) 3 Sulcide DONECTOR: A .50 ED 6 Could not be 4 Homicide 28 ET Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. COMPL THE FUNERAL ( filed within 72 h HOSPITAL MPORTANT: # 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D15872 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BI BOB 31. DATE FILED (Month, Day, 16er) 0CT 1 2 1990 Julia Davidson-Randell



BIRTHPLACE (State or Foreign Country)
 M D

5 55

Дм

YEAR

90

2. DATE OF DEATH MONTH DAY

10

7. DATE OF BIRTH

4. SOCIAL SECURITY NUMBER

216-09-8556

Elizabeth Clemist Hardman

5. SEX

1 🗌 M 2 📉 F

80 YRS.

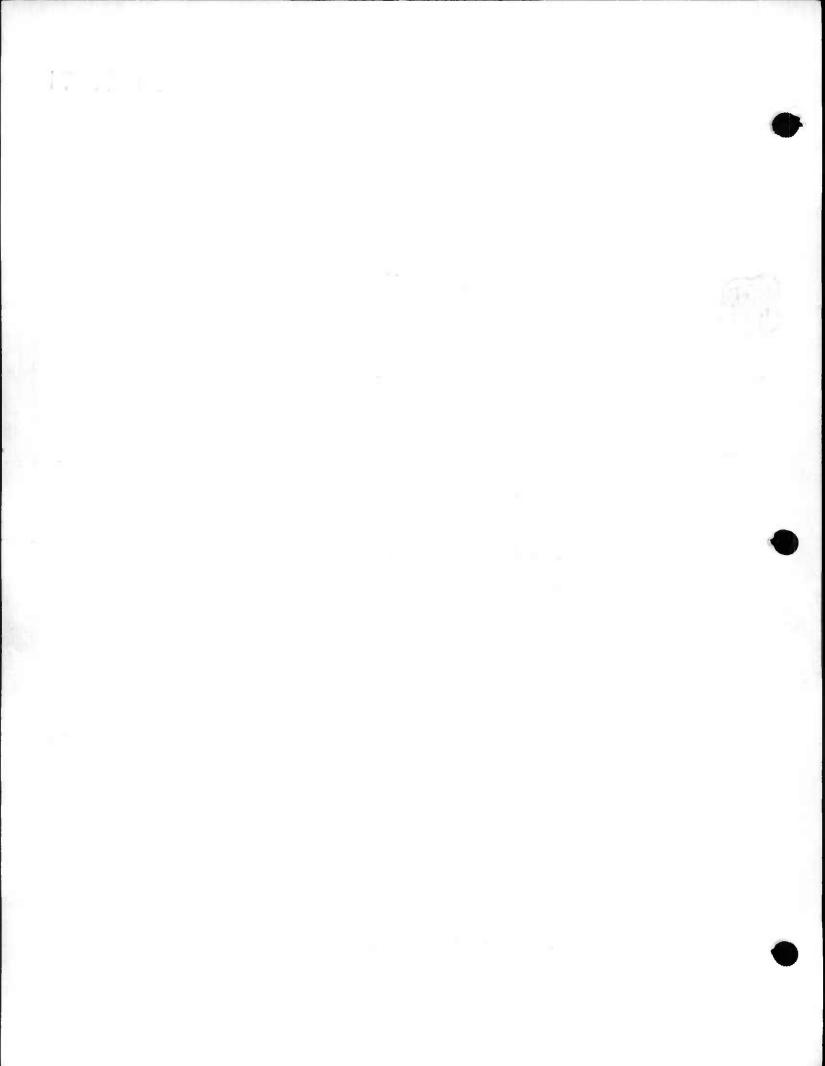
6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS.

DAYS

BALTIMORE, MARYLAND 21203-3146

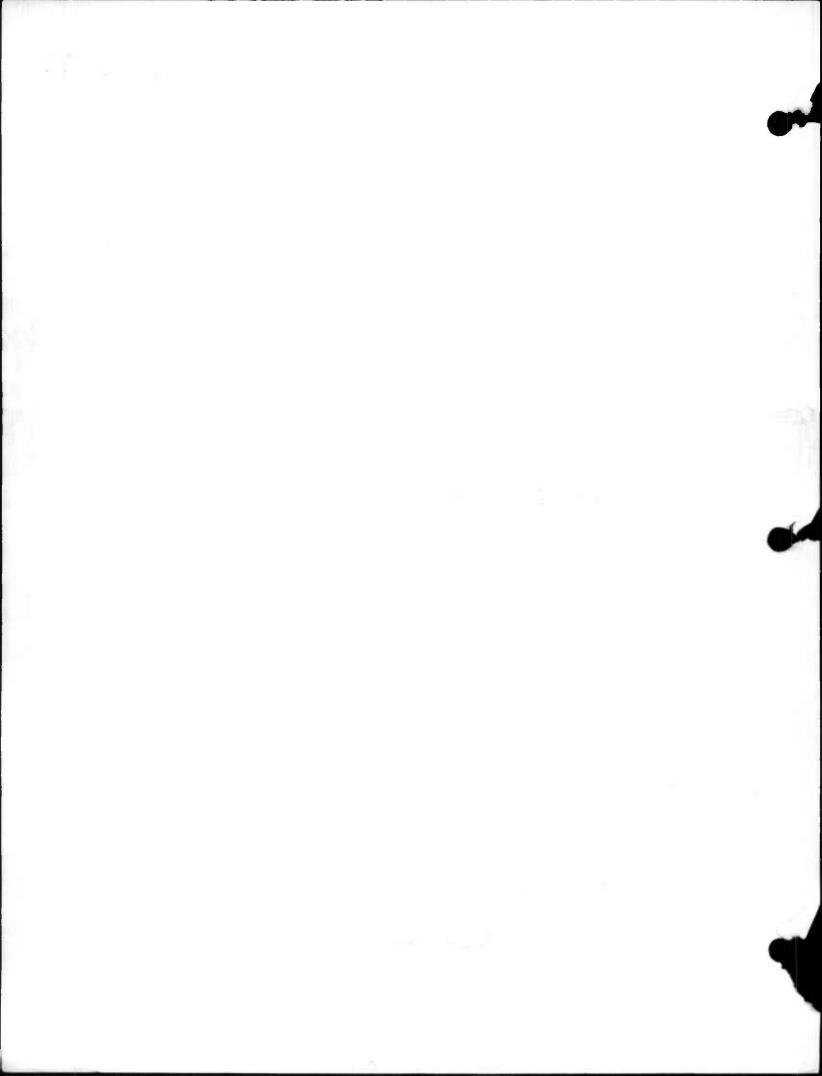
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PERFORMED? ANALABLE PRIOR TO	DIRECTOR	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN C	OR LOCATION OF DEAT	'H	9c. COUNT	TY OF DEATH
Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY   Sec. COUNTY		Francis Scott	Key Hosp	ital	Baltin	altimore, MD			
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New Market 2   Married   Press, Giver Walk OR DATES   1   YES 2   NO Specify:   Specify   Black   1   YES 2   NO Specify:   Specify   Black   1   YES 2   NO Specify:   Specify   Black   Specify   Black   1   YES 2   NO Specify:   Specify   Black   Specify:   Specify   Black   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify:   Specify		11. MARITAL STATUS						or No- 1	14. RACE — American Indian,
15. DECEDENT'S EURATION   Charles (Print) Month of National Controlling   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   State   Stat		37					Puerto Ricen, etc.)		
County only highest grade completed   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codinge (1-d or 5-1)   Codin		3 Nidowed 4 Divorced			""				втаск
The Part Hamber (First Mades), Lest)   Codespe (1-st or 5-1)   Housewife		15. DECEDENT'S ED	UCATION	18a. DECEDENT'S	USUAL OCCUPATION	ON	18b. KIND OF BU	SINESS/INDU	ISTRY
19. MOTHER'S NAME (First, Modits, Last) Richard Dorsey  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. MALINO ADDRESS (Stored and Number or Part Robus Name) Filorence Carter  190. Location - City or Town, State Glen Burnie, MD  21. Storation of Part Part Name of committee or Part Robus Name of committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Committee or Part Robus Name of Part Robus Name of Committee or Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus Name of Part Robus				Itte. Do NOT	use retired.)	at or worning			
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190. MAILING ADDRESS (Street and Number or Rural Poular Number, City or Sown, Stein, 29 Code)  Darius Hall  3723 W. Coldspring, Balto., MD 21215  200. NETHOO OF DISPOSITION  180. MAILING ADDRESS (Street and Number or Rural Poular Number, City or Sown, Stein, 29 Code)  372. W. Coldspring, Balto., MD 21215  200. NETHOO OF DISPOSITION (Name of commentary, commentary or Other Policy)  Mt Calvary  200. Location — City or Yourn, Stete  Glen Burnie, MD  21. SIGNATURES PREMERAL SERVICE/LICENSEE  22. NAME AND ADDRESS (Street and Number or Rural Poular Number, or Park Though The Number of Commentary, commentary or Other Policy)  Mt Calvary  22. NAME AND ADDRESS (Street and Number or Rural Poular Number, or Number of Commentary, commentary or Other Policy)  Mt Calvary  22. NAME AND ADDRESS (Street and Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Poular Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number or Rural Rural Number (Rural Number or Rural Rur	•	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	(First, Middle, Maiden	Surname)	
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1	ł	20a METHOD OF DISPOSITION		20b. PLACE OF DISPO	SITION (Name of cer	metery, crematory or	20c. LC	CATION - C	ity or Town, Stata
21. SIGNATURE OF PINERAL SERVICE LICENSEE  BOWN 22. MAME AND Aggress OF FACELTY OWN F. H.  P.O. BOX 4433, Balto., MD 21223  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or hart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine)  diseases or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  PART II. Other significent conditions of the significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significent co	ı	1 D Burlai 2 Cremation 3 Res	moval from Stata	other place)					
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296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  297. LICENSE NUMBER  296. DATE SIGNED (Month, Dwy, Year)  10 -9-90		CAUSE. (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the condition of the conditi	HOSPITAL:    Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern   Modern	Dutpetient 3 DOA  PY 28b. Ti	26. P OTHER: 4   Nursing Hor NURY M 1	LACE OF DEATH (Checome 5  Residence 8 JURY AT DRK? YES 2 NO	PERFO  1 YES  k only one)  Other (Specify)  28d. DESCRIBE HOW	RMED?  INJURY OCC  and Number	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?  1  YES 2 NO
Neide Paresadrus 10-9-90		Ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent condition  UNINAM FOCT  L.  DLOTES DA  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accidant  3 Suicide a Could not be determined  29a. CERTIFIER (Check only)  1 CERTIFYING PHY	HOSPITAL: 1 Dinpatent 2 DENUM (Month, Dey, Ve.) 28e. PLACE OF INJU- building, atc. (	Dutpatiant 3 DOA RY 28b. Ti	26. P OTHER: 4   Nursing Hor NURY M 1   , street, factory, office	LACE OF DEATH (Checome 5	PERFO  1 YES  Nonly one)  Other (Specify)  2ed. DESCRIBE HOW  2ef. LOCATION (Street City or Town, State	RMED? 2  NO INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED
New of Comes and Source of Ocean (ITEM 27) (Type, Print)  HEID (P. AUERBACH FRANCES SCOTT REY BALT)  31. DATE FILED (Morth, Day, Year)  10-9-90  Julia Savidson-Randelle		Ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST  PART II. Other significent condition  UNDAM FACT  DEPTES ON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only) 1 CERTIFYING PHY	HOSPITAL:  1 M Inputant 2 EN/C  28a. DATE OF INJUI  28b. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI  28c. PLACE OF INJUI	Dutpatlant 3 DOA RY 28b. Ti	26. P OTHER: 4   Nursing Hor ME OF 28c. IN. JURY W 1   , street, factory, officered at the time, date	LACE OF DEATH (Checome 5  Realdance 8 JURY AT DRK? YES 2  NO ce	PERFO  1 YES  Nonly one)  Other (Specify)  2ad, DESCRIBE HOW  281. LOCATION (Street City or Town, State	INJURY OCC	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  HEDD P. AUERBACH FRANCIS SCOTT KEY BYLLT  31. DATE FILED (Mornth, Day, Year)  10-9-9-00CT 1 2 1990 Julia Savidson Pandalle		Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  UNINGLY FOR THE CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	HOSPITAL:  1 Month, Dey, Yes  28e. PLACE OF INJU building, atc. (:  (SICIAN: To the best of my kine)	Dutpatlant 3 DOA RY 28b. Ti	26. P OTHER: 4   Nursing Hor ME OF 28c. IN. JURY W 1   , street, factory, officered at the time, date	LACE OF DEATH (Checker of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	R conly one)  Other (Specify)  2ad. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and me me, data and place, a	INJURY OCC  and Number as state and due to the	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  or Rural Route Number,  id.
HEDI P. AUERBACH FRANCIS SCOTT KEY BALT.  31. DATE FILED (MONTH), Day, Voar)  10-9-9-00CT 1 2 1990 Julia Savidson-Randelle.		Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  UNINGLY FOR THE CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER?	HOSPITAL:  1 Month, Dey, Yes  28e. PLACE OF INJU building, atc. (:  (SICIAN: To the best of my kine)	Dutpatlant 3 DOA RY 28b. Ti	26. P OTHER: 4   Nursing Hor ME OF 28c. IN. JURY W 1   , street, factory, officered at the time, date	LACE OF DEATH (Checker of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	R conly one)  Other (Specify)  2ad. DESCRIBE HOW  28f. LOCATION (Street City or Town, State to the cause(a) and me me, data and place, a	INJURY OCC  and Number as state and due to the	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  or Rural Route Number,  id.
31. Date FILED (Month), Day, Volar)  32. REGISTRAR'S SIGNATURE  16-9-900CT 1 2 1990 Julia Savidson-Randolle		COUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  UNINAMY FOCT  UNINAMY FOCT  UNINAMY FOCT  STANDARD FOR SIGNIFICENT CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL:  1 M Inputant 2 EN/  28a. DATE OF INJU  28a. PLACE OF INJ building, stc. (  //SICIAN: To the best of my k  NER: On the best of axamin	Dutpetlant 3 DOA RY 28b. Ti	26. P OTHER: 4 Nursing Hor NJURY M 1 , street, factory, office	LACE OF DEATH (Checine 5 Realdance 8 JURY AT DRK? YES 2 NO ca and place, and due to death occured at the till 29c. LICENSE NUMB	PERFO    YES	INJURY OCC  and Number of the dua to the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the l	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  ed.  cause(s) and manner as state.  SIGNED (Month, Day, Year)
16-9-900CT 1 2 1990 Julia Savidson-Randelle		COUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significent condition  UNINAMY FOCT  UNINAMY FOCT  UNINAMY FOCT  STANDARD FOR SIGNIFICENT CONDITION  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL:  1 M Inputant 2 EN/  28a. DATE OF INJU  28a. PLACE OF INJ building, stc. (  //SICIAN: To the best of my k  NER: On the best of axamin	Dutpetlant 3 DOA RY 28b. Ti	26. P OTHER: 4 Nursing Hor NJURY M 1 , street, factory, office	LACE OF DEATH (Checine 5 Realdance 8 JURY AT DRK? YES 2 NO ca and place, and due to death occured at the till 29c. LICENSE NUMB	PERFO    YES	INJURY OCC  and Number of the dua to the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the l	AMALABLE PRIOR TO COMPLETION OF CAUSIOF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  ed.  e cause(s) and manner as stated  SIGNED (Month, Day, Year)
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LICENSE NUMB	PERFO    YES	INJURY OCC  and Number of the dua to the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the last of the l	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  ed.  e cause(s) and manner as state.  SIGNED (Month, Day, Year)
		COUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  UNINAMY FRACT  DEPTS   PM  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending trivestigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI  29b. SIGNATURE AND TITLE OF CERTIF	HOSPITAL:  1 M Inputant 2 EN/  28a. DATE OF INJU  28a. PLACE OF INJ building, stc. (  //SICIAN: To the best of my k  NER: On the best of axamin	Dutpetlant 3 DOA RY 28b. Ti	26. P OTHER: 4 Nursing Hor NJURY M 1 , street, factory, office	LACE OF DEATH (Checine 5 Realdance 8 JURY AT DRK? YES 2 NO ca and place, and due to death occured at the till 29c. LICENSE NUMB	PERFO    YES	INJURY OCC  and Number of	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO  URED  Or Rural Route Number,  ed.  e cause(s) and manner as state.  SIGNED (Month, Day, Year)



BALTIMOHE MARYLAND 21203-3146	ter death. Fine E meets the term by the hospital or attending physician.	her this certificate has been signed by the attending physician and completely filled in by the funeral is rectitable of hours and the burial-transit permit. Pages 1, 2, 3 significate has been signed by the burial-transit permit. Pages 1, 2, 3 significate has been significant and Memial Hygiene prior to burial, cremation, or removal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Place in the his bospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fired within ZP hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	FRANCES	IVE.	JANKIEWICZ		DATE OF DEATH		3. TIME OF DEATH
1	4. SOCIAL SECURITY NUMBER	5. SEX S. AGE (In	,	F UNDER 1 YEAR   IF UNDER 24		ATE OF BIRTH	8. Bit	TTNPLACE (State or Foreign
	015-01-1070	1 M 2 F	74 YRS.	D. CITY, TOWN OR LOCATION	Ju	Month, Day, Year) 11y 8,189	96 M	aryland
NG.	St. Joseph Hospita	Stlosenh Hosnital					9c. COUNTY OF	imore
ECT	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c. CITY,	TOWSON				10d, INSIDE CITY	
DIR	Maryland		Bal	timore City				LIMITS? 1 X YES 2 NO
RAL	100. STREET AND NUMBER 6401 Loch Raven B	lyd An	t. 214	101. ZIP CODE 21239			10g. CITIZEN O	F WHAT COUNTRY? Δ
ONE	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DECENDENT OF N			or No.   14 B	CE - American Indian
BY FUNERAL DIRECTOR	1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DA		If yes, specify Cuben, I 1 ☐ YES 2 ☒ NO		erto Hican, etc.)	Sį	lack, White, etc.
LED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION ompleted)	18e. DECEDENT'S US (Give kind of wor	BUAL OCCUPATION  It done during most of working settled.)		18b. KIND OF BUS	INESS/INDUSTR	,
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)		stress				
COM	17. FATHER'S NAME (First, Middle, Last)	D				First, Middle, Maiden		
BE	Stanislaus  190. INFORMANT'S NAME (Typo/Print)	Bittin	0	DDRESS (Street and Number or	izabe			nknown
2	Mrs, Genevieve Th		5826	North Hazely	vood /			
	20e. METNOD OF DISPOSITION  1 [X] Burlel 2	at frame Otati	other place)	emer 10/13/		Bal	CATION - City o	
	21. SIGNATURE OF FUNERAL SERVICE LICE		tsock, Jr.			y Baltin	more, M	D. 21214
	+ taul L. Hay	took X		Leonard J.				arford Rd.
	23. PART I. Enter the diseases, or co shock, or heert failure. Li	mplications that caused et only one cause on ea	the death. Do no och line.	enter the mode of dying	, such ee	cardisc or respi	ratory arreat,	Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	HEART	FAIL	RE				Olisat and Destin
	,	DUE TO (OR AS A	CONSEQUENCE OF):					
TION	Sequentially liet conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):					
FICA	CAUSE. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	reaulting in deeth) LAST							
AL C	PART II. Other significent conditions		ut not resulting in	the underlying cause giv	ven in Part	1. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
EDIC	COR PULMONA	it				1   YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
N: M								1 YES 2 NO
PHYSICIAN: MEDIC		HOSPITAL:		26. PLACE OF DEA				
HYS	1 VES 2 MO	1 Dinpatient 2 ☐ ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	atient 3 - DOA 4			Other (Specify)  1. DESCRIBE NOW II	NJURY OCCURE	)
ВУ Р	Maturel 8 Pending 2 Accident Investigation			M 1 YES 2	$\rightarrow$			12.4
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec		set, ractory, office	281	City or Town, State)		rai ribute Number,
COMPLETED	Check only	IAN: To the best of my knowl	ledge, death occurred	at the time, date end place, e	and due to the	he cause(s) and mar	nner as stated.	
CON	20b WEDICAL EXAMINER	: On the besis of examination	n end/or investigation	In my opinion, death occured				
) BE	RUDOM_ V	fourE Pm	481CIA	N DGEN	1039	O	▶ / O/	NED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	ROAD TO	7./0-0	AL MAIN	2120	(1
	31. DATE FILED (Month, Day, Year)	32. AEGISTRAD'S SIGN	ATURE Danda DO	r-010, 10	WSVI	V, 14(1)		7
	OCT 1 2 1990	Juna varidos	Harlfortannia.	-				DHMH-18 Rev 1/89



Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-31

TO BE COMPLETED BY FUNERAL DIRECTOR

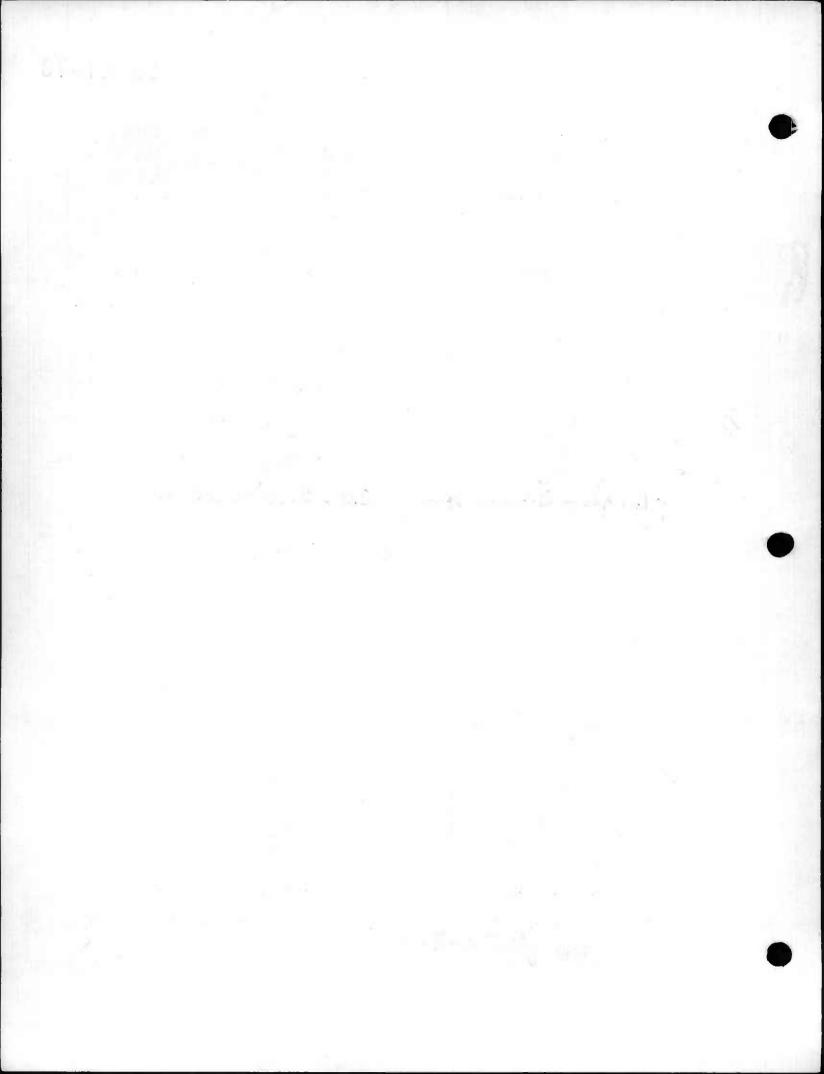
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. — Yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, L	est)				2. DATE OF DEATH	w wea	3. TIME OF DEATH		
Rachel E. Jo	nes				10 09	195	SO M		
4. SOCIAL SECURITY NUMBER	5. SEX 1  M 2  F	8. AGE (In yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 05-10-19	10 VA	RTHPLACE (State or Foreign unitry)		
98. FACILITY NAME (If not institution, g Maryland Gen RESIDENCE OF DECEDENT 108. STATE 106. CO		pital		imore	EATH	9c. COUNTY O	F DEATH		
RESIDENCE OF DECEDENT									
	UNIT	10e. Ch	altimor	'e			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
10e. STREET AND NUMBER  11 West 20th  11. MARITAL STATUS  1 Never Merried 2 Married	Street		10	21218		U.S.	A .		
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	IT EVER IN U.S. ARMED YES 2 NO WAR OR DATES	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, etc.) y:	6	ACE — American Indian, Black, White, etc. Specify: Black		
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12))  17. FATHER'S NAME (First, Middle, Last Policy of Taylo	EDUCATION irade completed) College (1-4 or 5 -	(Give kind of life. Do NOT u			16b. KIND OF BUS	INESS/INDUSTR	Υ		
Later		Homema	Ker						
17. FATHER'S NAME (First, Middle, Last Robert Taylo					ME (First, Middle, Maiden 1 Ball	Surname)			
196. INFORMANT'S NAME (Type/Print) MS. Mary Neal		19b. MAILING 537	Sanford	and Number or Rural Place	Route Number City or Town	re, MI	, D 21217		
20a, METHOD OF DISPOSITION 1 Department 2 Cremation 3 Control 4 Donation 5 Other (Specify)	Removal from State	20b. PLACE OF DISPO other place) Western				cation - chy o	Town, State		
21. SIGNATURE OF FUNERAL SERVICE	E LICENSILE	051-	22. NAME A	ND ADDRESS OF F	-				
resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	(OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS	OF):	o o jack					
	d.	death but not regulated	is the underlying	- seus- chien le	Part I. 24s, WAS AN	Altmoney			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	na Angina	Peetaris z ypertensi	on Asc		PERFOF	IMED?	24b. WERE AUTOPSY FINDINGS AMILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
EXAMINER?	HOSPITAL:	7.000	OTHER:						
	1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Description   1   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Description   2   Des								
3 Suicide 6 Could no	2 Accident investigation 3 Suicide 6 Could not be 26. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  26. PLACE OF INJURY — At home, farm, street, factory, office City or Favm. State)								
29a. CERTIFIER (Check only one) 1 CERTIFYING F		f my knowledge, death occur examination and/or investigat					use(s) and manner as stated.		
296. SIGNATURE AND THILLY OF COM	clan up			29c. LICENSE NU DIST 7	MBER	29d. DATE SIG	INED (Month, Day, Year)		
30. NAME AND APPRESS OF PERSON VALUE	PUNZALA	1) 53	14 Hay	nd vo.	Balto.	MD. 7	1214		
31. DATE FILED (Month, Day, Mear)	30 guia	mis signaturanders							



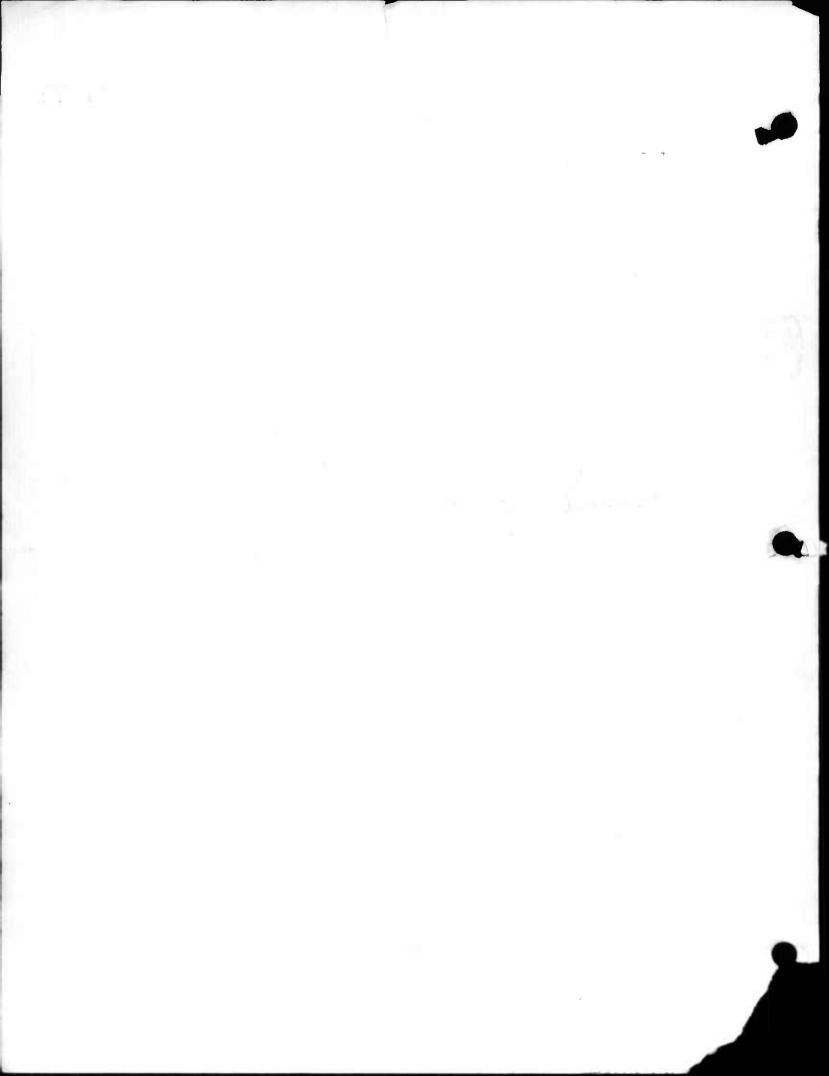
BALTIMORE, MARYLANOZIZO	after death. Page 6 may be retained by the double or or	by the funeral direction, page 5 athough the deligible of the commercial	lical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page is may be instanted by the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, maps 5 mount be despited.	De high within 12 hours and obedit with the battle begin, or house, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIE REG. N		27874
	1. DECEDENT'S NAME (First, Middle, Last)	APINGE	J H			2. DATE OF DEATH	24 G	YEAR 3. TIME OF DEATH
	311 34 31 16	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year)	-/0	B. BIRTHPLACE (State or Foreign Country)
_	9a, FADULITY NAME (II not institution, give stri			b. CITY, TOWN C	OR LOCATION OF DI	7-10 EATH	9c. COUNT	TY OF DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT	152 1 DZA	CHI	TACT	INDI	<u>e</u>		
H H	10a. STATE 10b. COUNTY	-	10c_OFTY,	TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
5	mo		D	177-4U	whe			1 YES 2 NO
14.	100, STREET AND NUMBER	abourne	Ave	101	ZIP CODE	12	10g. CITIZI	EN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED	If yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:	Yea or No—	14. BACE — American Indian, Black White, etc. Specify:
	15. DECEDENT'S EDUC		16a. DECEOENT'S US	BUAL OCCUPATION	ON	16b. KIND OF	I BUSINESS/INDU	ISTRY
COMPLEIED	(Specify only highest grade of Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	k done during mo retired.)	st of working			1
١	5th grd.		Edgewoo	d arse				
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malo	ien Surname)	
H H	Albert Crawley  19a. INFORMANT'S NAME (Type/Print)	7	19b, MAJLING A	DDRESS (Street a		Couch Route Number, City or	Town, State, Zip (	Code)
2	Hattie Woods		The second second	CANAL TO 1004		re. Balt		
Ì	20a. METHOD OF DISPOSITION A Burlel 2 Cremetion 3 Remo	201	o. PLACE OF DISPOSIT					Ity or Town, State
	4 Donation 5 Other (Specify)	M ₀						ourg, Va.
	21. SIGNATURE OF FUNERAL SERVICE LICE	MEE		Derr	LCK C.	Jones F	.н. 46	oll Park Heig
	Warnel	C. Xon	2	Ave.	Baltim	ore, Md	. 2121	15
	23. PART I. Enter the diseases, or co			t enter the mo	da of dying, suc	h as cardiac or re	apiratory arre	at, Approximata
	IMMEDIATE CAUSE (Finel			_			)	Onset and Death
1	reaulting in death)	DIE TO (OR AS	ARDIA CONSEQUENCE OF):	1 J	NPA	RCFIDA	N	
,		HYDER	TENICIO	( )				
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
5	CAUSE (Disease or injury	DUE TO COD AS	A CONSEQUENCE OF:					
	that initiated evanta reaulting in death) LAST	DOE TO (OH AS I	A CONSEQUENCE OF):					
2	PART II. Other significent conditions  110 PUL MO	_	EMB				AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	+40 100	NARY	Chin	02/3/	<u> </u>	1 YES	2 110	OF DEATH?
Σ						—		1 TES 2 NO
ź	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (C	heck only one)		
PHYSICIAN	EXAMINER?	HOSPITAL:		OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
Ē	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME		JURY AT	28d. DESCRIBE HO	W INJURY OCC	URED
2	1 Mitural 5 Pending 2 Accident Investigation				YES 2 NO			
3	3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, str icify)	eet, factory, offic	֥	28f. LOCATION (Str. City or Town, St	set and Number ( lete)	or Rurel Route Number,
COMPLE	(Check Drify	CIAN: To the best of my know						ed, e cause(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)
1 25	18miles	ml			D30	272	1	0/10/97
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type, F		DIL TH	omas	2	MILLER
	31. DATE PILED (Month, Day, Year)	22. REGISTRAR'S SIG	NATURE	-	-1111	0 10410	<u> </u>	, , _
	DCT 1 2 1990	Julia Davidson	- Handell					

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8. BIRTHPLACE (State of Foreign

YEAR

3. TIME OF DEATH

10d. INSIDE CITY

SA

14. RACE — American Indian, Black. White, etc.

1 TES 2 NO

-ACK

Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

1 | YES 2 | NO

950PM

permit. Pages 1, 2, 3 should

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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TO THE FUNERAL DIRECT be filed within 72 hours at IMPORTANT: If Itom 2

2 2 3

THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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ne hospital	letached fo	Duce
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may be re	tor, page 5	ust be no
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ours after de	in by the fur removal.	nedical ex
within 2+ 10	pletely filled cremation, o	ent. the n
e executed	an and com	umatic ev
certificate b	ding physici tygiene prio	r other tra
it the death	by the atten	/ Injury, 0
requires the	een signed of Health	chows an
AN: The law	ificate has b	r Hem 23
VG PHYSICU	ter this cert ath with the	marked o
R ATTENDIR	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tinged within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or remoral.	PARTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL O	UNERAL DI	AMT. If its
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1, DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Donald R. Johnson ONA 04N50N 10 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 216-62-978 1) M 2 | F 127 Sa. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 22 SOUTH GREE BALTIMORE UNIVERSITY OF MARKLAND HOSPITAL USA 10b. COUNTY 10c CITY TOWN OR LOCATION 10a. STATE BALTIMORE Md 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE lois mT. HOLL 16 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: Nover Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Shovine Johnson Celestine Jackson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, State, Zip Code) Jackson 1015 Mt. Holly St. Balto. Md. 21229 Celestine 20g, METHOD OF DISPOSITION
1 10 Buriel 2 Cremation 3 Re 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State Garrison Forest Owings Mills, Md. 4 Donation 6 Other (Specify) 21. SIGNATURE OF FURNIL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Estep Brothers Funeral Home P.A. 1300 Eutaw Pl. Balto. Md. 21217 23. PART I. have the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on such line. IMMEDIATE CAUSE (Final disease or condition eumen resulting in death) QUE TO JOB AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:

HOSPITAL: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA ng Home 5 🗆 Residence 6 🗆 Other (Specify) 26s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF WEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Platural
2 Accident
3 Suicide 6 Pending 1 YES 2 NO 28e. PLACE OF INJURY --- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

SIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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3	PD.	afte	28
A.	REC	13	E
0	2	2	=
K	RAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hyplene No. 10 Med., cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mounts that the death certificant (Commission of Commission	this.	5	
至	田	×	M
置	王	filed	2
2	2	2	3
		-	

31. DATE FILED (Month, DBy, VAII)

OCT 1 2 1990 Julia

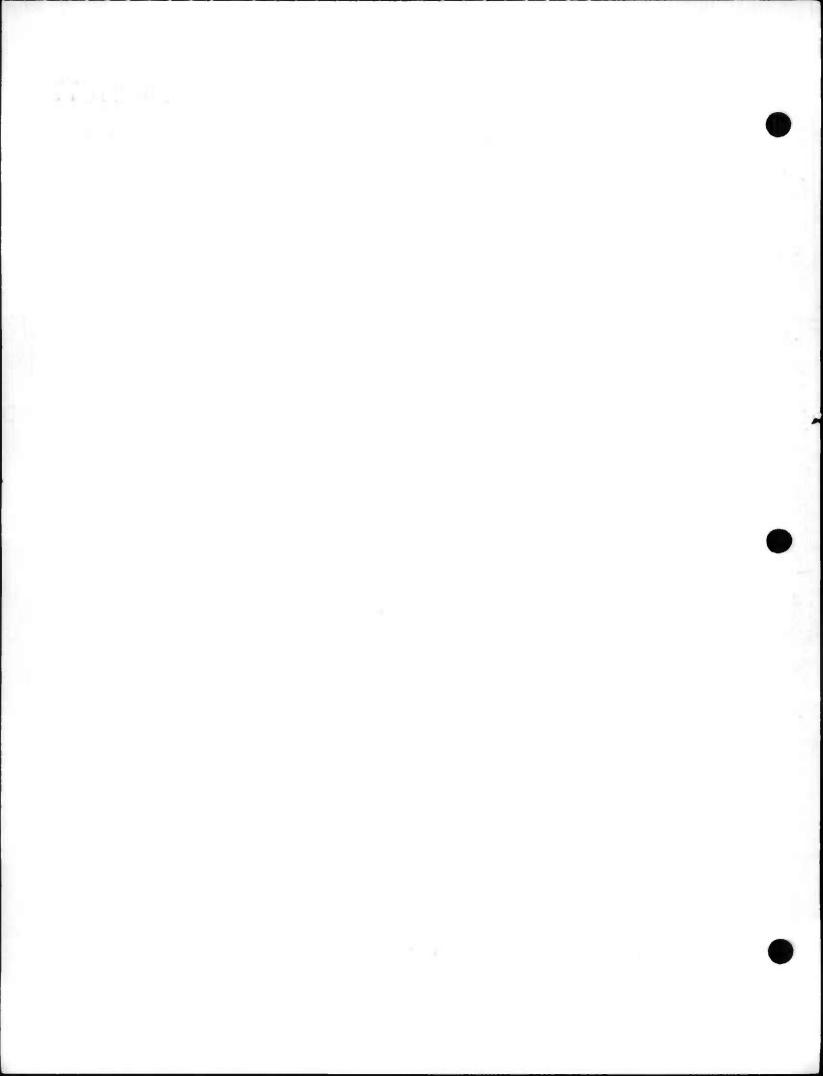
2. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN	90	27876			
1. DECEDENT'S NAME (First, Middle, Leet)	nce	Jo	seph		2. DATE OF DEATH MONTH	1990	3. TIME OF DEATH			
	5. SEX 6. AGE (1)	yrs. lest birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	JAN . 6, 1895	8. BIP Cou	THPLACE (State or Foreign			
9a. FACILITY NAME (If not institution, give stre BALTMORE C RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND	ounty Gen.	Hosp.	Ran Y, TOWN OR LOCAT		SWN	BC COUNTY OF	10d. INSIDE CITY			
			BALTIMO	. ZIP CODE		10g. CITIZEN O	14 YES 2 NO			
7121 PARK HEIGHTS	AVE., APT.	408		21215	5	(	ISA			
10e. STREET AND NUMBER 7121 PARK HEIGHTS 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	ACE — American Indian, ack, White, etc.				
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)		(Give kind of life. Do NOT u	USUAL OCCUPATION Work done during more retired.)	at of working	166. KIND OF BUS	HOME				
SAMUEL ZUCKER	FATHER'S NAME (First, Middle, Last)  16. MOTHER'S NAME (First						AI NOTE  at Middle, Melden Surneme)  PHINE WEISS			
MRS. SALLYE ESTER		7121	PARK HEI	GHTS AVE	Route Number, City or Town	BALTO				
20a. METHOD OF DISPOSITION 1   Burlel 2   Cremation 3   Remove 4   Donation 5   Other (Specify)	ral from State	other place)  T. HEBRON			FLU	SING, L	Town, State  I, NEW YORK			
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	>	SOL		RSTOWN RD.		MD 21215			
23. PART I. Enter the diseases, or condition to the condition resulting in death)  23. PART I. Enter the diseases, or condition resulting in death)	MYC	the death. Do	DIAL	de of dying, suc	th se cardisc or respi	ratory errest,	Approximats interval Between Onset end Des			
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A  DUE TO (OR AS A	CONSEQUENCE O	Ros	is di	uet A	J/ng	proces			
PART II. Other significant conditione	contributing to death be	ut not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR 1 UYES 2	IMED?	24b. WERE AUTOPSY FINDING MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
	HOSPITAL:	etient 3 (1 s/OA	OTHER:	ACE OF OEATH (C)	6 Other (Specify)					
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		M 1	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW I					
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offk	•	281. LOCATION (Street of City or Town, State)	and Number or Rur	al Route Number,			
MEDICAL EXAMINER	IAN: To the best of my knowl : On the basis of examination			leath occured at the	time, data and place, an	d due to the caus				
29b. BIGHANGIRE, AND TITLE OF CENTIFIER	ho	MD ATH (ITEM 27) (100		29c. LICENSE NU	MBER 140	29d. DATE SIGN	180 (Month, Day, Year)			

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 4 OHN 102 LLEN YEAR C 0 0 4. SOCIAL SECURITY 5. SE) 6. AGE (In yrs. lest birthday, 7. DATE OF BIRTN IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (S 18 2/3 MA 2 DF YRS 1, 2, 3 should Sa. FACILITY NAME (If not 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 000 DIRECTOR RESIDENCE OF DECEDEN 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Ba 1 YES 2 NO 10f. ZIP CODE FUNERAL 10e, STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? Z tan 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. Specify: MARYLAND 21203-3146 1 Never Married 2 Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 1911 the 93 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY use (Specify only high hospital or College (1-4 or 5+) Por ntery/Secondary (0-12) Stammer 11th once. 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Maiden Sun by the b A. Drown Tar Ha Ħ BE notified 19a. INFORMANT'S NAME (Type/Print) 19h, MAILING ADDRESS (Street and No 234 2 ella page 5 s 2 20a. METHOD OF DISPOSITION be BALTIMORE, 20c. LOCATION - City or Town 20b. PLACE OF DISPOSITION (Name of con шау must 2 Cremetion 3 Removal from State director. Page 6 r 1500 Orso 4 ☐ Donation 5 ☐ Other (Specify) 21 Malice examiner 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY led in by the funeral di , or removal. March F/H West death. 4300 Wabash Avenue after medical 23. PART . Entail the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** filled in 1 shock, Dr haart fallure. List Dnly Dna cause on asch line. Interval Batween **Onset and Death IMMEDIATE CAUSE (Finel** the cremation. diseese or condition npletely 1 within resulting in death) event, 46, DUE TO (OR AS A CONSEQUENCE OF) N. traumatic CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 in signed by the attend Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE RECOHDS. the MEDICAL that shows any 1 YES 2 NO OF DEATH? 1 YES 2 NO been s PHYSICIAN: has be Dept. WB 23 VITAL 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) PHYSICIAN: The Item EXAMINER?

YES 2 NO HOSPITAL: FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State OTHER:
4 | Nursing Home 5 | Raeldance 5 | Other (Specify) 6 27. MANNER OF DEATH OF 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, Natural 5 Pending 1 YES 2 NO BY DIVISION 2 Accident OR ATTENDING 28e. PLACE OF INJURY — At homa, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 40 6 Could not be ETED 4 Homicide detarmined 28 Hem 29a. CERTIFIER TX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL HOSPITAL 200 TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: IF 2 MEDICAL EXAMINER: On the besis of examin stion and/or investigation, in my opinion, death occured at the time, data and place, and dua to the cause(s) and manner as stated. 206- SIGNATURE AND TITLE OF PERTIFIER 29¢ LICENSE NUMBER BE MIT 091 an 0 2 WANE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ch 900d anttus ex 52001 79 BCO 32 REGISTRAD'S SIGNATURE

GUILLE DAVIDON-RONDARD 2 1990



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the building and proper 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

* REGISTRAR			C	EHILF	CALE	OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First	, Middle, Last)							2. DATE O	F OEATH DA	IV.	YEAR	3. TIME OF DEATH	
ELEANOR G		I KERNAN	T					10	09	2.	90	3:35 PM	
4. SOCIAL SECURITY NUM	BER	5. SEX 6	. AGE (In yrs. las	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign	
278-16-01	15	1 🗌 M 2 💢 F	101	YRS.	MONTHS	DAYS	HOURS MIN.	03/	15/8	9		NCOE, MD	
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY,	TOWN 0	R LOCATION OF DE						
PICKERSGILL					TOWSON					BALTIMORE			
RESIDENCE OF DE										Dill	3 4 4 1 1	OKE	
10a. STATE	10b. COUNTY			10c. CITY	, TOWN O	R LOCAT	ION					10d. INSIDE CITY LIMITS?	
MD	BALT	TIMORE		TOW	ISON							1 YES 2 X NO	
10e. STREET AND NUMBER						101.	ZIP CODE			10g. CIT	ZEN OF W	HAT COUNTRY?	
615 Chest	nut As	700110					21204			Y	ISA		
11. MARITAL STATUS		12. WAS DECEDENT I	EVER IN U.S. AF	RMED	13. 1	WAS DEC	ENDENT OF HISPAN	VIC ORIGIN?	(Specify Yea			- American Indian,	
1 Never Merried 2	Married	FORCES? 1 FYES, GIVE WAR		МО			2 NO Specify		en, etc.)		Black Speci	, White, etc.	
3 🕅 Widowed 4 🗌 Div	orced	ii indi dire indi	TOTT DATES				X X Specify	y.			Speci	WHITE	
	EDENT'S EDUCA		16a, O	ECEOENT'S	USUAL OC	CUPATIO	in	16b. H	IND OF BUS	SINESS/INC	DUSTRY	WILLTI	
(Specify on Elementary/Secondary (	ly highest grade co	College (1-4 or 5 +)	life	Bive kind of v Do NOT us	vork done d e retired.)	luring mo:	at of working						
Elementary (	0-12/	College (F4 til 5 +)		ном	1EMA	KED							
17. FATHER'S NAME (First, A	Aiddle, Last)			1101	TELLY	אנוא	16. MOTHER'S NA	MF (Elout Att.	idle Maider	Surpamal			
		DCHOH					24.7	4			יד זג מז		
JOHN EDW		KSUCH	1			100	MARY						
19a. INFORMANT'S NAME (			19				nd Number or Rurel						
MRS. KATH		BURCH						RGE F	-			ID 21212	
20a. METHOD OF DISPOSIT	non 3 - Remov	al from State	20b. PLACE other p	OF DISPOS	SITION (Na	me of cen	netery, crematory or		20c. LO	CATION -	City or To	wn, State	
4 Donation 5 Other									TI	FFIN	V. O	HIO	
21. SIGNATURE OF FUNER	- printing	///	~ (	)	22.	NAME AN	ID ADDRESS OF FA	CILITY			DA	LTO. MD	
1	lones to	Burnside,	coli.	h)		T TT 0							
23. PART i. Enter the o							HELL-W]					212 12	
Sequentielly list condi- if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LA!	ring ury c.	F	PR AS A CONSE	0.	La	Qu	18						
PART II. Other signific	d.	contributing to d	eath but not	resulting	In the un	deriying	ceuse given in	Part i.	24s. WAS AN		24b	WERE AUTOPSY FINDI	
									PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 X NO	
25. WAS CASE REFERRED	TO MEDICAL T					0.0	ACE OF PRITIS	nak c-t					
EXAMINER?		HOSPITAL:		_	ОТДЕ	₹;	ACE OF DEATH (C)						
1 VES 2 NO		1 inpetient 2 i			4 □XNun	ling Hom	e 5 🗆 Residence	_			****		
27. MANNER OF DEATH	Pending	26a. DATE OF IN (Month, Day,		26b. TIM	E OF IURY		RK?	28d. OE\$C	RIBE HOW I	NJURY OC	CURED		
2 Accident	Pending Investigation				M		YES 2 NO						
3 Suicide 6	Could not be	28a. PLACE OF building, et	INJURY — At h	ome, farm,	street, fact	ory, offic	•		TON (Street a		r or Rural i	Poute Number,	
4 Homicide	determined							J., 0	, 5,0,0)				
anni .		IAN: To the best of m										a) and manner as state	
				- Sugarin	,,				piace, at				
29b. SIGNATURE AND TITL	E OF CERTIFIER	20		-			29c. LICENSE NU	MBER	2	29d. DAT	TE SIGNEC	(Month, Day, Year)	
thier	- N. +	Reap	-	MD			236	408	5		10/1	0/90	
30. NAME AND ADDRESS (	F PERSON WHO	COMPLETED CAUSE	OF DEATH (ITI	EM 27) (Type	, Print)								
31. DATE FILED (Month, Day	; Y6dP)	2 REGISTRAR	S SIGNATURE										
10/08T902	1990	2. REGISTRAR	son-Ran	dell.									
10/00/30%	1000	0			a-reliab							DHMH-16 Re	

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une within 24 hours after death. Page 6 may be retained by the	completely filled in by the funeral director, page 5 should be de ris cremation, or removal.	a ment, the medical examiner must be notified at or
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death permitted by the hospital and activities of may be retained by the hospital.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending equalities of filled in by the funeral director, page 5 should be detache the filled within 72 hours after death with the State Dept. of Health and Mental House and in the page 1.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ment, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARY			F HEALTH OF DEAT		NTAL HYGIEN REG. NO		90	27879
1. DECEDENT'S NAME (First, Middle, Lat					1 1	otober 9	, 199	YEAR	3:50 P.M
JACK K 4. SOCIAL SECURITY NUMBER	ALISH 5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 2	4 HRS. 7.	DATE OF BIRTH		8. BIRTNPLA	CE (State or Foreign
184 01 1763	1 M 2 D F	81 YRS.	MONTHS D	NYS HOURS		(Month, Day, Year) ec. 25,	1908	Russ:	ia
9a. FACILITY NAME (If not institution, gh	e street and number)		96. CITY, TO	WN OR LOCATIO				TY OF DEATH	1
6120 Clearwood	Road		Beth	esda				Mont	gomery
10e. STATE 10b. COU		10c. CIT	Y, TOWN OR I	OCATION				10d	I. INSIDE CITY
Maryland	Montgomery		Beth	esda				10	LIMITS? X YES 2 NO
6120 Clearwood	Road			101. ZIP CODE 2081			10g. CITIZ	Unit	ed States
11. MARITAL STATUS 1 Never Married 2 Married  \$\times \text{Widowed} 4 \cup Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OR	8 2 NO	If ye			ORIGIN? (Specify Ya varto Rican, etc.)	a or No-	14. RACE — A Black, Wh Specify:	American Indian, hite, atc.  White
15. DECEDENT'S E (Specify only highest gr		16e. DECEDENT'S	USUAL OCCL	IPATION ng most of working	,	16b. KIND OF BU	ISINESS/INDU	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	se retired.)		,	Laund	lrv		
10 years		Merch	ant -						
17. FATHER'S NAME (First, Middle, Last) Morris Kalish				An	ına Pa	(First, Middle, Maider achylis			
190. INFORMANT'S NAME (Type/Print) Stephen Kalish						ethesda,			20817
20g- METNOD OF DISPOSITION 1 E Buriel 2 Cremetion 3 F	amoval from State	Ob. PLACE OF DISPO	SITION (Name	of cemetery, crem	atory or			City or Town,	
4 Donation 6 Other (Specify)	N	Mount Sha					ringfi	eld,	Pennsylva:
21. SIGNATURE OF FUNERAL SERVICE	1 CO	Otici	DON		STEIN	HEBREW N			NERAL HOM
23. PART I. Enter the diseases,	or complications that caus	ed the deeth. Do					_		TON, D.C.
shock, or heert fellu	re. List only one ceuse on	eech line.						0.00	Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	Chapric	ObsTRU	eTIVE	Lung 1	PISENI	3			VEARS
reaulting in death)	DUE TO (OR AS	A CONSEQUENCE	OF):	0					
Sequentially list conditions,	- HIBESTS								YEARS
if sny, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE O		SCHEMI					2-3 YNS
CAUSE (Disease or injury that initiated events	V	A CONSEQUENCE C		JUNION		·			1 /113
resulting in deeth) LAST									
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PART ii. Other aignificent condi			ILVA E	rriying ceuse g	jiven in Pa	PERFO	PRMED?	AVI	RE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE
	VenTAICULA		ito K O			_ 1 _ YES	2 NO	OF	DEATH?
	THE INTERPORT	500	·			-		1 (	YES 2 NO
25. WAS CASE REFERRED TO MEDICA	L			26. PLACE OF D	EATH (Check	only one)			
EXAMINER?	HOSPITAL:	utpetient 3 - DOA	OTHER:			Other (Specify)			
27. MANNER OF DEATN	26e. DATE OF INJUR (Month, Day, Yea	Y 26b. TII	_	Bc. INJURY AT WORK?		6d. DESCRIBE NOW	INJURY OC	CURED	
1 Netural 6 Pending 2 Accident Investigat		,		1 YES 2	NO				
3 Suicide 8 Could not determine	building, etc. (S	IRY — At home, ferm, pecify)	street, fector	y, office	2	8f. LOCATION (Stree City or Town, State		or Rural Rout	e Number,
(Check only	HYSICIAN: To the beat of my kn								
	MINER: On the besis of exemine	mon unavor investigat	ion, in my opi						
296. SHOMENINE AND TITLE OF CERT	Jolegul 1	פאי		7/A /	LAND	026449	29d. DAT	D / I D	90
30 HAME AND ADDRESS OF PERSON							os Cl	hevy (	Chase,
Dr. Barry S. T.	alesnick, M.	D., 5530	Wisco	nsin Av	enue,	Suite 5	05, M	arylar	nd 20815
31. DATE FILED (Month, Day, Year)	Julia Davido	GNATURE TONGER							
OCT 1 2 199	U Amaronia	7							

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29b. SIGNATURE AND TITLE OF CENTIFIER

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31. OATE FILE

queriety filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be mination, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. rtic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the be filed within 72 hours after death with the State Dept. of Health and MR IMPORTANT: If Item 28 is marked, or item 23 shows any Injuri TO BE CO

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MARYLAND				BALTI									VES 2	
10e. STREET AND NUMBER				DALL	_	ZIP COOE				10a CIT	IZEN OF	1	COUNTRY?	NO
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WILLIE JONES								LEE						
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LU O FRE ERAL I AVE Lac Or resi	PAL PIRATOPSY PRIMEO?	VA.  2. TIMorreat,	Town, 9 BR	LINSW  —6 39  MAR  Approxit Interval  Onset at	3 (I.A) aata letweedd Dea
20a. METHOO OF DISPOSITION  1 N Buriel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIE  23. PART I. Enter the diseases, or ahock, or heart feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. DUE TO  OUE TO  HOSPITAL:	eused the description of the on each ille	E OF OISPO- DICEOUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE OF COUENCE	ITHE L  22. I  LEW  45  not enter  20 ()	CEMINAME ANVIS The mo	g ceuse s	SS OF FAWYNN HEI Ing, suc	/14/9 CHITY FUNE GHTS h as cord	20c. LU O FRE ERAL I AVE ac or resp  24a. WAS A PERFC 1  YES	PAL PIRATOPSY PRIMEO?	VA.  2. TIMorreat,	Town, 9 BR	LINSW  —6 39  MAR  Approxit Interval  Onset at	3 (I.A) aata letweedd Dea
20s. METHOO OF DISPOSITION  1 V Buriel 2 Cremation 3 Rem 4 Donetion 6 Other (Specify)  21. SIGNATURE OF FINERAL SERVICE LIF  23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERREO TO MEDICAL EXAMINER?	DUE TO  d.  HOSPITAL: 1 □ Inpetient 2 26e. DATE O	eused the deseron each ilin	E OF OISPO- DIOLON BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGATION BET  ILLEGA	ITHE L  22. I  LEW  45  not enter  20 J	CEMINAME ANVIS 17 The mo 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	g ceuse g	patory or  ( 10 SS OF FA WYNN HEI Ing, suc	Part I.	20c. LU O FRE ERAL I AVE ac or resp  24a. WAS A PERFC 1  YES	NAUTOPSYPRIMEO?	City or VA. 2. TIM(reat,	Town, 9 BR 1215 ORF AMAINTOCOM OF 1	LINSW  —6 39  MAR  Approxit Interval  Onset at	3 / T.A.T. atta letweed d Dear

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

R997, MD, Univ. of MD

Regan MD Univert

Regan MD Univert

1990 Suricistras & signature

Junia Davidson-Randase

29c. LICENSE NUMBER

Hospital

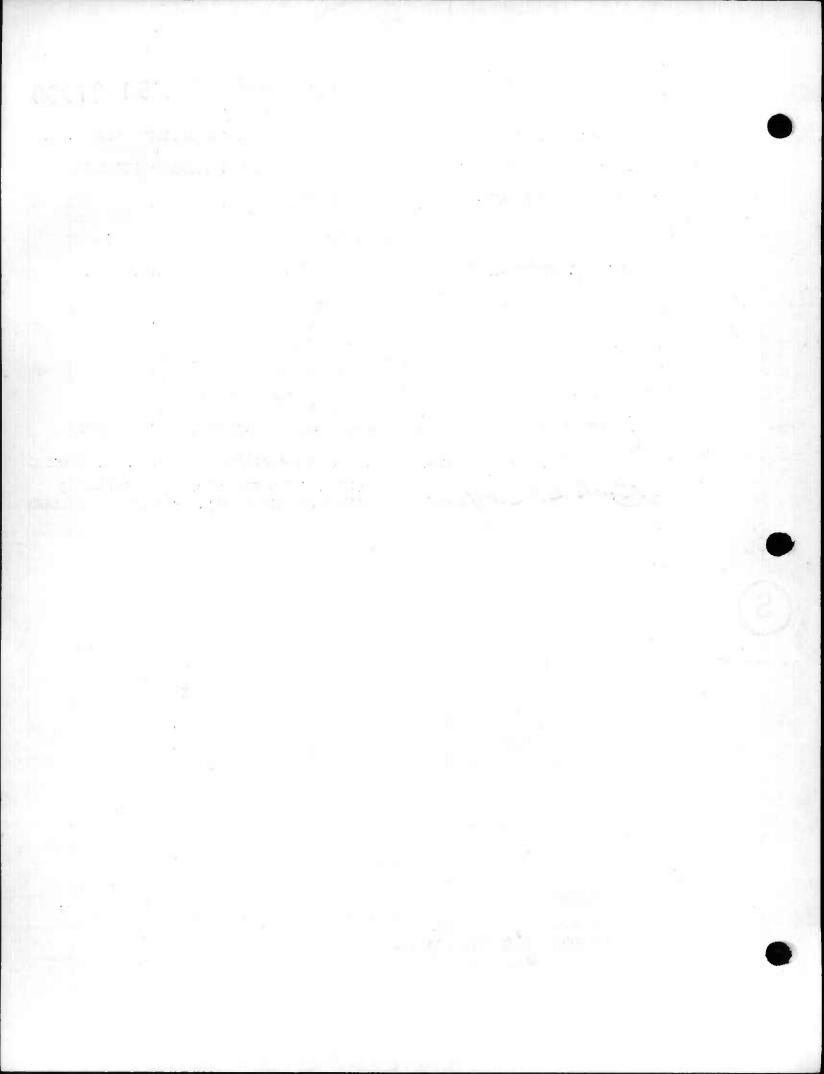
29d. DATE SIGNED (Month, Day, Year)

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Baltimore,

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medi
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	_	_	coulo

	1 - STATE STATE STATE TEGISTRAR			F DEATH	TENTAL HYGIENI REG. NO.		
- 1	1. DECEDENT'S NAME (First, Middle, Last)	4 4			2. DATE OF DEATN		3. TIME OF DEATH
1	Frances W Koh	ha	45		10 - 5	- 0	750 7:10 Pm
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPLACE (State or Foreign Country)
	212-26-1852 1 M 2 M F 89	YRS.	MONTHS DAY	NOORE WIN.	3-21-0	1	MARYLAND
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATN	9c. COU	NTY OF OEATN
9	St Hanes Hospital		Bal	timore			
	RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DIRECTOR	Md Talbot	Es	ston				LIMITS? 1 ☐ YES 2 🛣 NO
	10e. STREET AND NUMBER	1 20	1	10f. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
EB	1 Westminster Road			21601		U.	S.A.
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2					or No	14. RACE — American Indien, Black, Whita, etc.
ВУР	1 Never Married 2 Married 3 XWidowed 4 Divorced  FONCES7 1 YES 2 IF YES, GIVE WAR OR DATES	Muo		ES 2 XNO Specify.			Specify:
		DECEDENTIO	HENNY OCCUP	TION	I see vinio or our	111500 (1115	WHITE
1	(Specify only highest grade completed)	(Give kind of life. Do NOT us	USUAL OCCUP: work done during se retired.)	most of working	16b. KIND OF BUS	INESS/INL	JUSTRY
P	Elemantary/Secondary (0-12) College (1-4 or 5+)		ORY WO		CONTAIN	JER N	MANUFACTURING
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	IMO	ORT WO		ME (First, Middle, Maiden		MINOTHOTORING
	JAMES J. McEVOY			SARAH	HOFFMAN		
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Stre	et and Number or Rural R	loute Number, City or Town	, State, Zip	Code)
5	James R. Kohlhaus	25 Par	k Lane	, Hyde Par	k 9632, Ea	astor	n, MD 21601
- 1	20a. METHOD OF OISPOSITION  1 XD Burlet 2 Cremation 3 Removal from State other	CE OF DISPO	SITION (Name of	cemetery, crematory or	20c. LO	CATION —	City or Town, Stata
	4 Donation 5 Other (Specify) N	ew Cat		Cemetery		Ltimo	ore
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		HUBB HUBB	ARD FUNERA	AL HOME, IN	NC.	
	M. Meef lotera		1		VENUE, BAI		MD 21229
	23. PART I. Enter the diseases, or complications that ceused the		not enter the	mode of dylng, such	ss cardiac or respli	ratory sr	reat, Approximate Interval Between
			0	1.1			Onset and Death
	disease or condition a. Acute Bi	liar.	1 Tai	ncreatit	is		7 days
	DUE TO (OR AS A CON	SEOUENCE O	r): ~				1.0
O	Sequentially list conditions, b. Cholclit						12 months
AT	if any, leeding to immediate cause. Enter UNDERLYING		,				
Ē	CAUSE (Disease or injury that initiated events OUE TO (OR AS A CON	SEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST						
	PART II. Other significent conditions contributing to deeth but no	ot resulting	in the underl	ving cause given in	Part I. 24e, WAS AN	AITTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL	Ischemic Heart Disease	or roomining	m the angen	ing cause given in	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Chronic Renal Failure				1   YES 2	NO	OF DEATH?
Σ	CHIBNIE KCHAI FAILLIE		-		_		1 YES 2 NO
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL		26	. PLACE OF DEATH (Che	ock only one)		
SIC	EXAMINER?  1 YES 2 NO 1 Inpetient 2 ER/Outpetient	3 🗆 DOA	OTHER:	fome 5 🗆 Residence	6 Other (Specify)		
¥	27. MANNER OF OEATN 28a. DATE OF INJURY (Month, Day, Year)	28b. Till		INJURY AT WORK?	2ad. DESCRIBE HOW II	NJURY OC	CURED
ВУ	1 Natural 5 Pending 2 Accident Investigation			YES 2 NO			
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At building, etc. (Specify)	t home, farm,	atreet, factory, o	office	28f. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Route Number,
E	4 Homicide datarmined						
APL.	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge.						
COMPLETED	2 MEDICAL EXAMINER: On the basis of examination and	or investigation	on, in my opinio	n, death occured at the	time, data and placa, an	d due to t	he cause(a) and manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM		29d. DAT	TE SIGNED (Month, Day, Year)
TO E	Letter Dage Do			4	s Hospital	P (	2ct. 7, 190
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (		311	agnes Hos			
	31. DATE FILED (Month, Day, You) 32. REGISTRAR'S SIGNATUR		ve, Bo	Itimore,	MD 212	28	
	ST. REYSTRAN'S SIGNATUR						1

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DIVISION OF VITAL PECONDS, 1.0. DOA 19149,	8	SE SE	He
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	8	34	N
	H	E S	F
	产	도운	2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-nours after death. Page 6 min	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. In be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must in

Income or attending physician.

	1 - STATE REGISTRAR			ICATE OF			NENTAL HYGIEN REG. NO		90 2/882		
	1. DECEDENT'S NAME (First, Middle, Las	0					2. DATE OF DEATH	AY	3. TIME OF DEATH		
	Pill Soc	n Lee					10-9-199		YEAR M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign Country)		
	219-94-0474	1 🗆 M 2 🔣 F	87 yrs.	MONTHS DAYS	HOURS	MIN.	(Month, Dey, Year) 11-20-190	2	Korea		
	9a. FACILITY NAME (If not institution, giv	street and number)		96. CITY, TOWN	OR LOCATIO				TY OF DEATH		
e e	2548 Ashbrook D	ott C	ity		H	oward					
DIRECTOR	RESIDENCE OF DECEDENT						Town Wines or				
2		10c. CI1	TY, TOWN OR LOCA				10d. INSIDE CITY LIMITS?				
									1 TES 2 NO		
P.											
FUNERAL	2548 Ashbrook I		P. 100	21043  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ve-					Korea		
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, or		n, Mexicar	n, Puerto Rican, etc.)	s or No-	o- 14. RACE - American Indian, Black, White, etc. Specify: Oriental		
0	15. OECEDENT'S E		16a. DECEDENT	USUAL OCCUPATI	ON		16b. KIND OF BU	SINESS/IND			
E	(Specify only highest gri	College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mass retired.)	oet of workin	9					
7	unknown		Homema	aker							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTH	IER'S NAI	ME (First, Middle, Maiden	Surname)			
BE C	Sung Duk Park						nown				
	19a. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street	and Number	or Rural R	loute Number, City or Tox	m, State, Zip	Code)		
5	Mr. Jeung Lee		2548	Ashbrool	k Dr.	E1	licott Ci	ty, M	D 21043		
	20a. METHOD OF DISPOSITION	amount from State	20b. PLACE OF DISPO	SITION (Name of ce	metery, cren	natory or	20c. LC	CATION -	City or Town, State		
	4 Donation 5 Other (Specify)	emoval from State	Woodlawn					odlaw	n, MD		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	22, NAME A 8728	ND ADDRES	SS OF FAC	Pd Pand	11at	own, MD 21133		
	Dohn K	Ayrel	1				uneral Di				
	23. PART I. Enter the diseases, D	or complications that of	aused the death. Do								
	shock, or heart fallur	e. List only one cause	Dn each line.						Interval Between Onset and Death		
	IMMEDIATE CAUSE (Final disease or condition	9	1 4	die	4.	1			Onset and Destn		
	resulting in death)	a. Resident	R AS A CONSEQUENCE O	- C73	nux	X)			1 any		
-		- m	6-1-62	Diar.	Lhy		malia	nun	in 6 wast		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (O	R AS A CONSEQUENCE O	OF):	aric		Trans	COVO	o mini		
S I	cause. Enter UNDERLYING	•					0				
Ē	CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUENCE O	OF):							
FR	resulting in death) LAST	d									
	PART II. Other significant condit	lons contributing to d	eath but not resulting	in the underlyin	o cause o	ni nevir	Part I. 24a, WAS AI	ALITOPSY	24b, WERE AUTOPSY FINDINGS		
CAL				in die diddinyn	ig cause ;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE		
							1 □ YES	2 🗌 NO	OF DEATH?		
MED							_		1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			00.0	1 100 00 0	FATH OL	ack only one)	-			
2	EXAMINER?	HOSPITAL:		OTHER:	1/						
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF IN	FR/Outpetient 3 DOA	4 Nursing Ho	JURY AT	eldence	6 Other (Specify)  28d. DESCRIBE HOW	IN HIRY OCY	HIBED		
	1 Natural 5 Pending	(Month, Day,		JURY W	ORK?	7 NO	and, Describe now	MOON! OC	oneo		
ВХ	2 Accident Investigation	28s, PLACE OF	INJURY — At home, farm,			] 100	201 LOCATION (Street	and Number	or Rural Route Number,		
6	3 Suicide 6 Could not 4 Homicide determined	De building, et	c. (Specify)				City or Town, State	)	or run as revolve reactions,		
	29a. CERTIFIER	NO COLOR									
COMPLETED	(Check only	(Check only 1) CERTIFYING PHYSICIAN: 10 the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.									
TO BE	Elwang n	Bin.	MD		D 4	LO 2	ABER 235	29d. DAT	E SIGNED (Month, Day, Year)		
	20. NAME AND ADDRESS OF PERSON	Kim MD	7462	York Ro	and s	wite	102 7	owso	n MP 21204		
	31. DATE FILED CTO 1 12 19	90 SZ. REGISTRAR	S SIGNATURE								

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
1. OECEOENT'S NAME (First, Middle, Last)	TAMES	LAMI	BDIN	2. DATE OF DEATH MONTH D	7 96	
215-03-3763	5. SEX 6. AGE (I		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH		RTNPLACE (State or Foreign
801 QUINCU	reet and number)	91	CITY, TOWN OR LOCATION OF	OEATN	Balt	OF OEATN
RESIDENCE OF DECEDENT		40. OFF	OWN OR LOCATION			10d. INSIDE CITY
Md Bal	to		wson			1 TES 2 NO
801 Quincy	Rd		212 O	4	U.S	A COUNTRY?
1   Never Married 2   Merried 3   Widowed 4   Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES GIVE WAR OR DAW . W. Z.	U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF NISP If yes, specify Cuben, Maxi 1 YES 2 SNO Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific Specific	can, Puarto Rican, etc.)	a or No 14. F	ARCE - American Indian, Black, White, etc.
15. OECEDENT'S EDU( (Specify only highest grade	CATION completed)  College (9-4 or 5 +)	Give kind of work	done during most of working	red 166. KIND OF BU	SINESS/INDUSTF	TY .
17. FATHER'S NAME (First, Middle, Lost)	nKlin La	ımbdin	18, MOTHER'S I	ta Hane	Sumamo Jo	rdan
Mrs. Kathleen Li	ndenstruth		press (Street and Number or Run Cedar AVe.	Towson, Md		
20a, METHOD OF DISPOSITION 1AC Burlel 2 Cremetion 2 Rem 4 Donation 5 Other (Specify)	oval from State	other place) 0 Y	eland Cul	netery 200p	QYKVI	M Town, State Md
21. SIGNATURE OF FUNERAL SERVICE LIC	enny, Jr.	4)	22. NAME AND ADORESS OF MITCHELL-WI 6500 York R		ME, INC.	
23. PART I. Enter the diseases, or ahook, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach line.		uch as cardiac or resp	iratory arrest,	Approximata Interval Between Onset and Death 2 YEARS
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	CONSEQUENCE OF):				
PART II. Other algnificant condition	s contributing to death b	out not resulting in	tha underlying cause given	In Part I. 24s. WAS AI PENFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH			
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 8 Pending Investigation	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Nursing Home 8 to Residence OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURE	0
2 Accident investigation 3 Suicide S Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stre	et, factory, office	281. LOCATION (Street City or Town, State		ural Route Number,
comb			at the time, data and place, and o in my opinion, death occured at i			use(s) and manner as stated.
29b. SIGNATURE AN THE OF CERTIFIE	I kuis	- pul	29c. LICENSE N	1UMBER 0795	29d. DATE SIG	D - 7 - 90
30. NAME AND ADDRÉS & PERSON WIT	4,7	6212	YORK RD	BALT.	MD	21212
31. DATE FILED (MONTH, Day, Y687)  OCT 1 2 1990	TWO DAVIDON	Mandell				

mult permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21

TO BE COMPLETED BY FUNERAL DIRECTOR

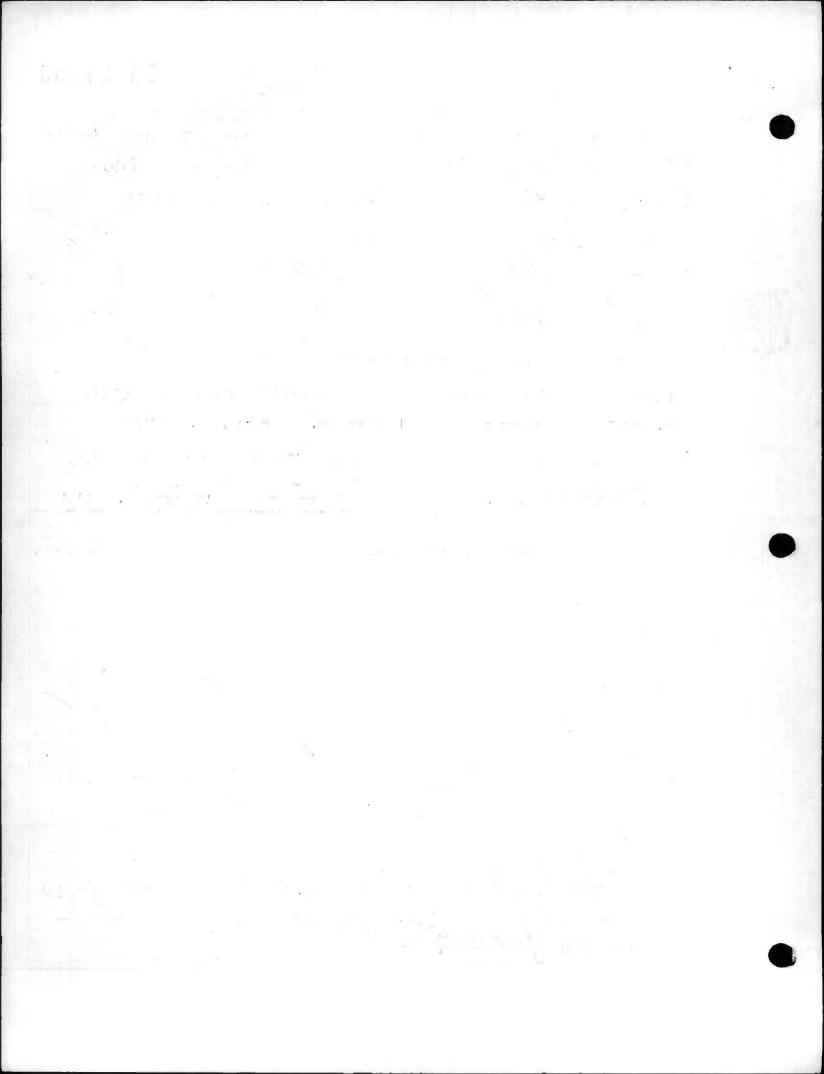
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the horaring TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89

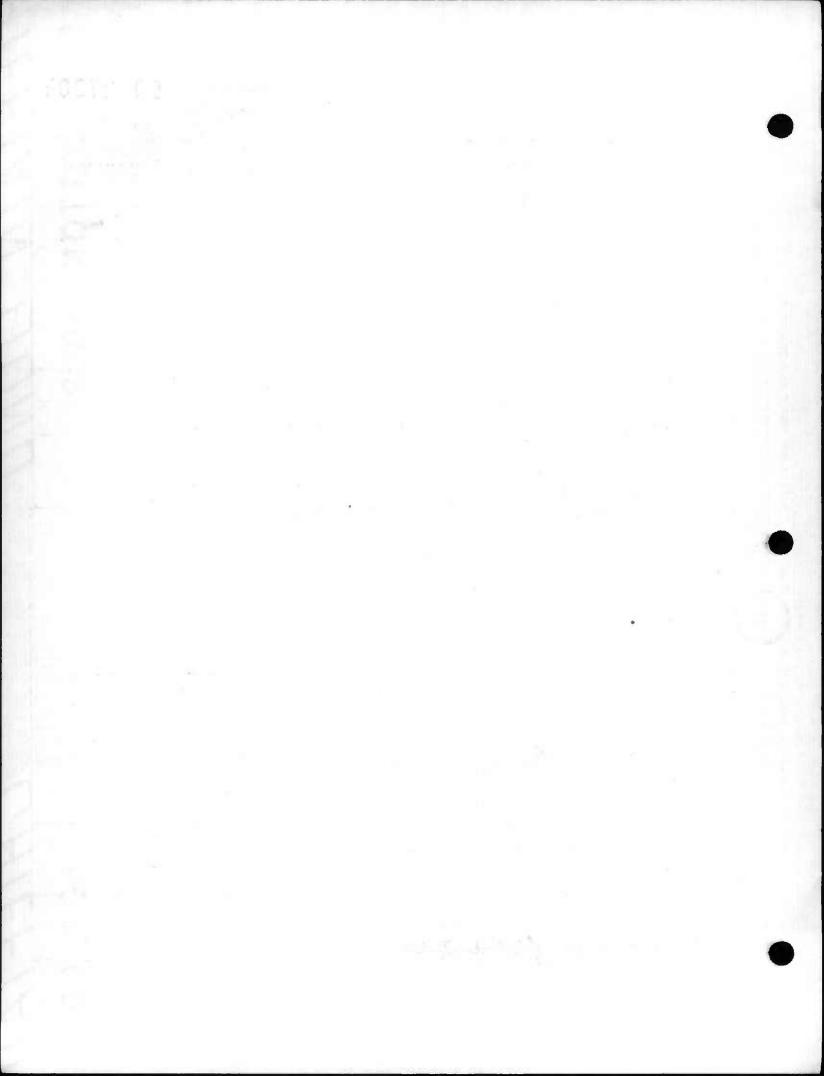


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OF	DUVCIO
DIVISION OF VITAL RECORDS,	ATTENDING DUVEICIBN: The law requires that the death
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32 REGISTRAR'S SIGNATURE
Junia Davidson-Randalle

	1. OECEDENT'S NAME (First, Middle, Le		d is			2. DATE MONTI	1 - /	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  212-48-8179  9a. FACILITY NAME (II not institution, gi	5. SEX 1	6. AGE (in yrs. lest birthday) YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	3	OF BIRTH I, Day, Year)	Country)	ACE (State or Foreign
TOR	Sinci hospitalist Residence of Decedent	rital		BALTI		EATH	9e. CO	UNIT OF DEA	an .
DIRECTOR	100. STATE 10b. COU MARYLAND		10c. Cr	TY, TOWN OR LOCA BALT	IMORE				Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 6317 PARK HEIGH	HTS AVE.,	APT. 512	1	01. ZIP CODE 21215		10g. Cr	USA	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Otvorced	FORCES?	NT EVER IN U.S. ARMED I YES 2 DAIO WAR OR DATES	If yes, s	CENDENT OF HISPA pecity, Cuben, Mexico S 2 13 NO Speci	in, Puerto I	f? (Specify Yes or No— Rican, etc.)	Black, 1	American Indian, White, etc.
PLETED	16. OECEDENT'S 8 (Specify only highest gr Elementary/Secondary (0-12)		(Give kind of life. Do NOT :	S USUAL OCCUPAT Work done during in use retired.) SEWIFE		16b	KIND OF BUSINESS/III	HOME	
E COMPL	17. FATHER'S NAME (First, Middle, Last) ISAAC KATZ				18. MOTHER'S NA	III Law	Middle, Melden Surname) GOLANER		. 55
TO B	190. INFORMANT'S NAME (Type/Print)  MR. HENRY J. LO	DUIS	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	7 OVERBR			ber, City or Yown, State, 2 TMORE, MD	2120	8
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	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	NO ADDRESS OF E	A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLUMN TO THE REAL PROPERTY AND A COLU			
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Part I.  Beck only o	ATION (Street and Number or Town, Street)	Y 24b. W A C C C C C C C C C C C C C C C C C C	Approinterval Onset  VERE AUTOPS BAILABLE PR DOMPLETION OF DEATH?  YES 2



mented within 2 mours after death. Page 6 may be retained by the hos	and completely filled in by the funeral director, page 5 should be detach manifal, cremation, or removal.	finalic event, the medical examiner must be notified at once.
Officials to	S	or other tra
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the destribution of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospital profit of the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending for a completely filled in by the funeral director, page 5 should be detached within 70 forms after death with the State Dent, of Health and Mental Mental Committee, committen, or removal.	IMPORTANT: If Item 28 is marked, or Hem 23 shows any Injury, or their trainable event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND				<b>9</b>	0 27885
1. DECEDENT'S NAME (First, Middle, Last)	LIPST.		JEL LIPSCH)	REG. NO.  2. DATE OF DEATH MONTH DA	. 0	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-12-0237	6. SEX 6. AGE (in yrs. in 1975)	est birthday) IF UND YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIFTTH		BIRTHPLACE (State or Foreign Country) MARYLAND
9e. FACILITY NAME (If not institution, give s	HOSPITAL		TY, TOWH OR LOCATION OF DI BALTIMORE	EATH	9c. COUNTY	OF DEATH
10s. STATE 10b. COUNTY	,	10c. CITY, TOWN		RE.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	VEDERE AVE., AP	T. 901	101. ZIP CODF 21.2	215	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Very Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? XX YES 2 IF YES, GIVE WAR OR DATES WILL I	IRMED 15	8. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico 1 YES 2 XNO Specif	en, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. SpecifyWHITE
15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	completed) (	DECEDENT'S USUAL (Give kind of work don the Do NOT use retired CLERK	e during most of working .)	18b. KIND OF BUS	ESTA!	
17. FATHER'S NAME (First, Middle Last) JOSEPH LIPSCH	1	СППК	16. MOTHER'S NA	AME (First, Middle, Maiden MOLLIE ISE	Sumama)	
19s. INFORMANT'S NAME (Type/Print)			SS (Street and Number or Rural			
OSCAR TITLE  20a. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLAC	E OF DISPOSITION (	FARRINGDON RINGER OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF THE PARTIES OF	20c. LO	CATION — City	
21. SIGNATURE GAFUNERAL SERVICE LIS	venso		2. NAME AND ADDRESS OF FA	SON & BROS		)MD 21215
23. PART I. Enter the dispesses, or shock, pr heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each ill	ulic L	ung Ca	ch as cerdisc or respi	ratory srrest	Approximate interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A CONS	EOUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF):				
PART II. Other significant condition	es contributing to deeth but not	t resulting in the	underlying ceuse given in	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	COTA	26. PLACE OF DEATH (C	heck only one)		
1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	3 DOA OTH 4 N 28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCUR	ED
2   Recident Investigation 3   Suicide 6   Could not be determined	28e. PLACE OF INJURY — A1 building, etc. (Specify)			281. LOCATION (Street: City or Town, State)		Rural Route Number,
anal and	ICIAN: To the best of my knowledge, ER: On the basis of examination and/o			-71-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-		auso(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		•	29c. LICENSE NU			GNEO (Month, Day, Year)
2000	HO COMPLETED CAUSE OF DEATH (IT	TEM 27) (Type, Print)	MA	Di	20	0 (6)10

MD

32. REGISTRAR'S SIGNATURE
Shina Davidson-Rondall

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Pages 1, 2, 3 should

permit.

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the funeral director, page 5 should be

retained by the hospital or attending physician.

21203-3146

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2. DATE OF DEATH

3. TIME OF DEATH

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ATE OF BIRTH	1	6. B	IRTHPL	ACE (S	ate or	Foreign

IF UNDER 1 YEAR 7. DATE OF BI /Month, Day, IF UNDER 24 HRS. DAYS HOURS MIN. 12

MARYLAND

9a, FACILITY NAME (If not institution, give street and number)

Char

BALTIMORE

6. AGE (In yrs. lest birthday)

49

8c. COUNTY OF DEATH

RESIDENCE OF DECEDENT

10b. COUNTY

10c. CITY, TOWN OR LOCATION BALTIMORE 10d. INSIDE CITY LIMITS?

1 X YES 2 | ND

м

**MARYLAND** 10e, STREET AND NUMBER

516 E. COLDSPRING LANE

10f. ZIP CODE 21212

9b. CITY, TOWN DR LOCATION DF DEATH

S. OF A. II.

10g. CITIZEN OF WHAT COUNTRY?

11. MARITAL STATUS

1 Never Married 2 Married

3 Widowed 4 Divorced

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify:

14. RACE — American Indian, Black, White, etc. Specify: BLACK

15. DECEDENT'S EDUCATION (Specify only highest grade comple Flamentary/Secondary (0-12)

College (1-4 or 5+)

18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY

0 - 12

LABORER

STEEL MILLS (SPARROWS POINT 18. MOTHER'S NAME (First, Middle, Maiden Surname)

17. FATHER'S NAME (First, Middle, Last)

JAMES MONROE LEE

VIOLA JONES 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

19a. INFORMANT'S NAME (Type/Print)

MRS. JOAN TUCKER

6203 HOPETON AVENUE

BALTIMORE, MARYLAND 21215

20s. METHOD OF OISPOSITION
1 1 1 1 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify)

20b. PLACE OF DISPOSITION (Name of cometery, crematory of KING MEMORIAL PARK

10/12/90

20c. LOCATION - City or Town, State RALTO. WOODLAWN, MD. 21207 CO.

21. SIGNATURE OF FUN SERVICE LICENSEI

22. NAME AND ADDRESS OF FACILITY

LEWIS T. GWYNN FUNERAL HOME 21215-6393

ynn 4517 PARK HEIGHTS AVE. BALTIMORE MARYLAND 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hard failure. List only one cause on each line. Approximate interval Between

IMMEDIATE CAUSE (Final disease or condition_ reaulting in death)

DUE TO (OR AS A CONSEDUENCE DF): nec'

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

DUE TO (DR AS A CONSEQUENCE DE)-

DUE TO (OR AS A CONSEDUENCE OF):

24a, WAS AN AUTOPSY PERFORMED? 1 TES 2 ND

246. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

**Onset and Death** 

25. WAS CASE REFERRED TO MEDICAL

HOSPITAL:

1 Inputient 2 ER/Outputient 3 DOA

PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I.

26. PLACE OF GEATH (Check only one) OTHER:

4 Nursing Home 5 Residence 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 1 Natural

1 YES 2 NO

4 Homicide

8 Pending 2 Accident 3 Suicide 8 Could not be 28a. DATE OF INJURY (Month, Day, Year) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)

28c. INJURY AT 1 YES 2 NO

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER D3888 2 29d. DATE SIDNED (Month, Day, Year) 10/7/90

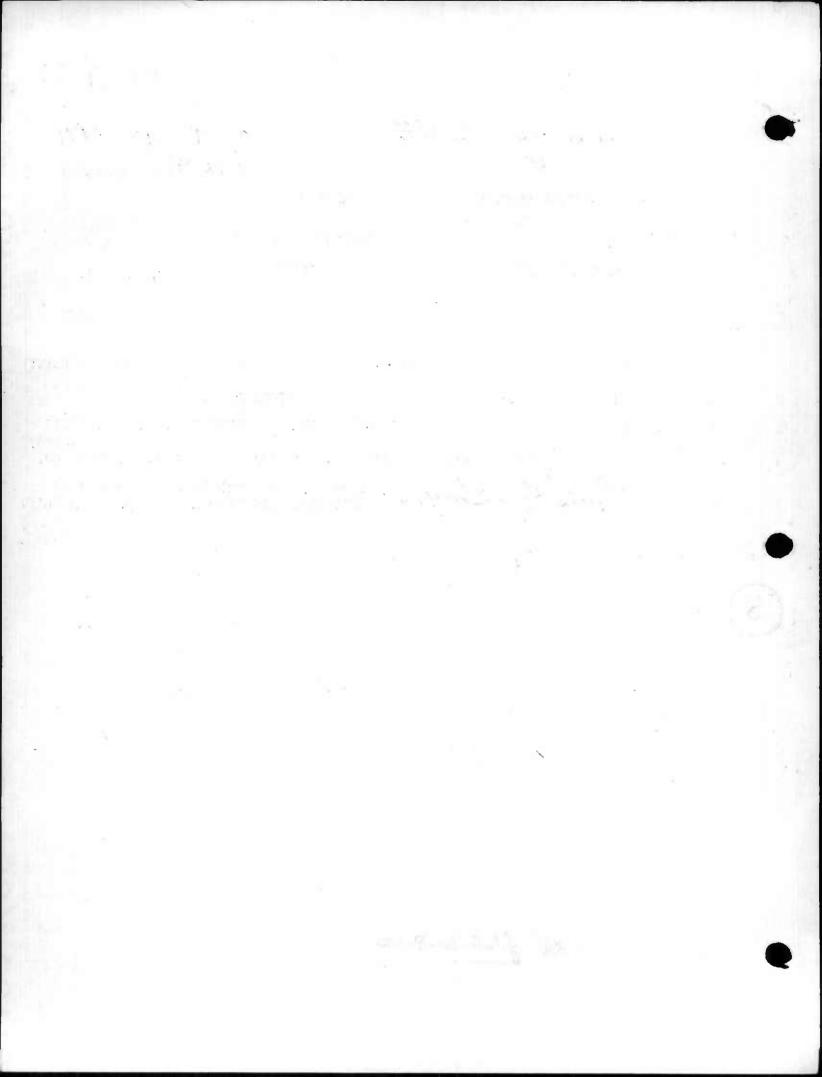
30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) OCT 12 1990

32. HE DANGSON TONGS

BALTIMORE, MARYLAND after death. Page 6 may be OF VITAL RECORDS.

OR ATTENDING



ars after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O.

permit. Pages 1, 2, 3 should

this certificate h tem 0 marked, After 1 .00 DIRECTOR: / 28 Item

IMPORTANT:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Deputy Chief

32 REGISTRAR'S SIGNATURE
Fishia Davidson-Randelle

Donald G. Wright,

OCT 1 2 1990

31. DATE FILED (Month, Day, Year)

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OR ATTENDING PHYSICIAN:

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Dept	23	ĺ

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DAY 4 8 30 A 90 LEVENSON **AARON** SAMUEL A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🖵 M 2 🗌 F YRS. 213-88-0031 30 5/7/60 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 96 CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 500 block S. Monroe Street Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 - YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21 DIAMOND CREST CT. 21209 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, Whita, etc. FORCES? ORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

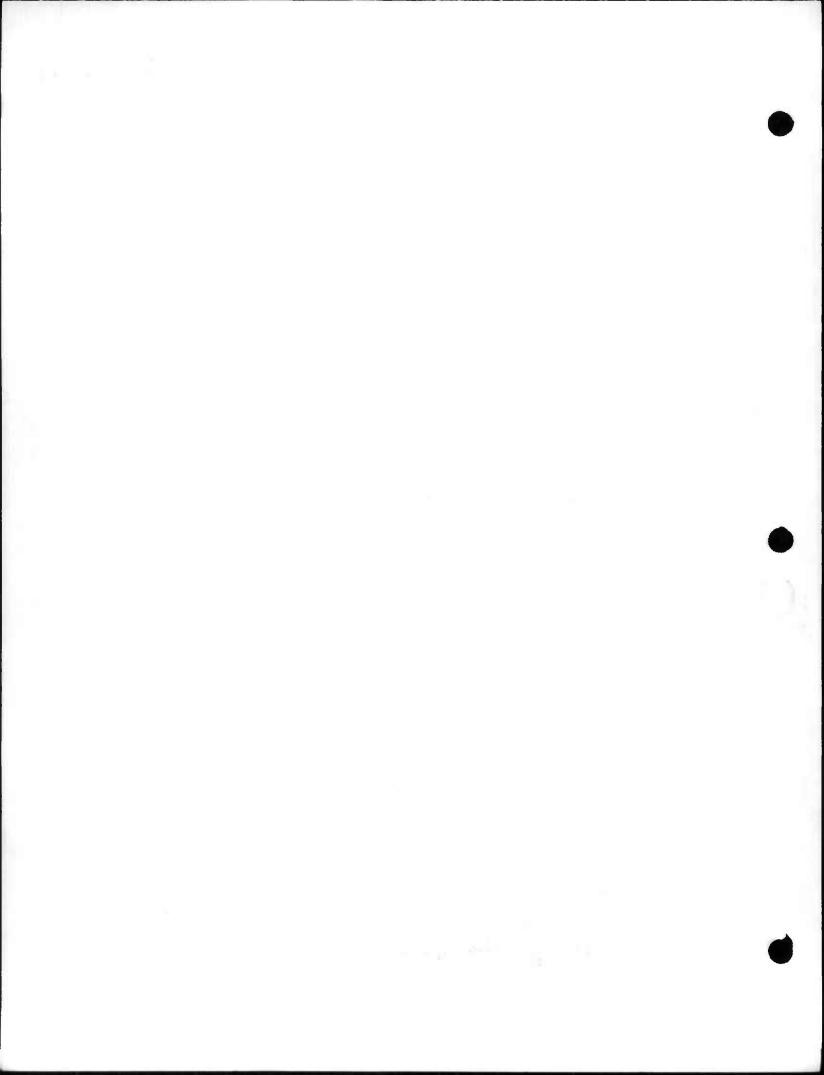
1 YES 2 NO Specify: 1 Never Married 2 Married Specify. WHITE BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 15b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 4 VICE PRESIDENT ROYAL FURNITURE CO 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOSEPH LEVENSON OTTILIE GRUNBERG BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. CHRISTINE LEVENSON 21 DIAMOND CREST CT. BALTIMORE, MD 21209 29c. LOCATION - City or Town, State 20b. PLACE OF DISPOSITION (Name of cemetary, crametory or 20s. METHOD OF DISPOSITION 1 Surface 2 ☐ Cremation 3 ☐ 4 ☐ Donation 8 ☐ Other (Surfay) SINAI OWINGS MILLS, 21. SIGNATURE OF FUNDRAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS, INC. 6010 REISTERSTOWN RD. BALTO. MD 21215 23. PART I. Enter the diseases, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one ceuse on each line. Interval Between **Onset and Death IMMEDIATE CAUSE (Finel** disease or condition Multiple Gunshot Wounds resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 X YES 2 NO OF DEATH? 1 X YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 XYES 2 NO ent 2 - ER/Outpatient 3 - DOA me 8 🗆 Rasidence 8 🕅 Other (Specify) Scene 27 MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 10-4-90 8:30 AM 1 YES 2 🔀 NO Subject was shot BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Fural Royal Number, City or Yown, State) 500 block S. Monroe 8 Could not be determined COMPLETED XXXX Homicide parking lot Street Baltimore City. 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and pieca, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Weight 10 - 4 - 90OCME 2

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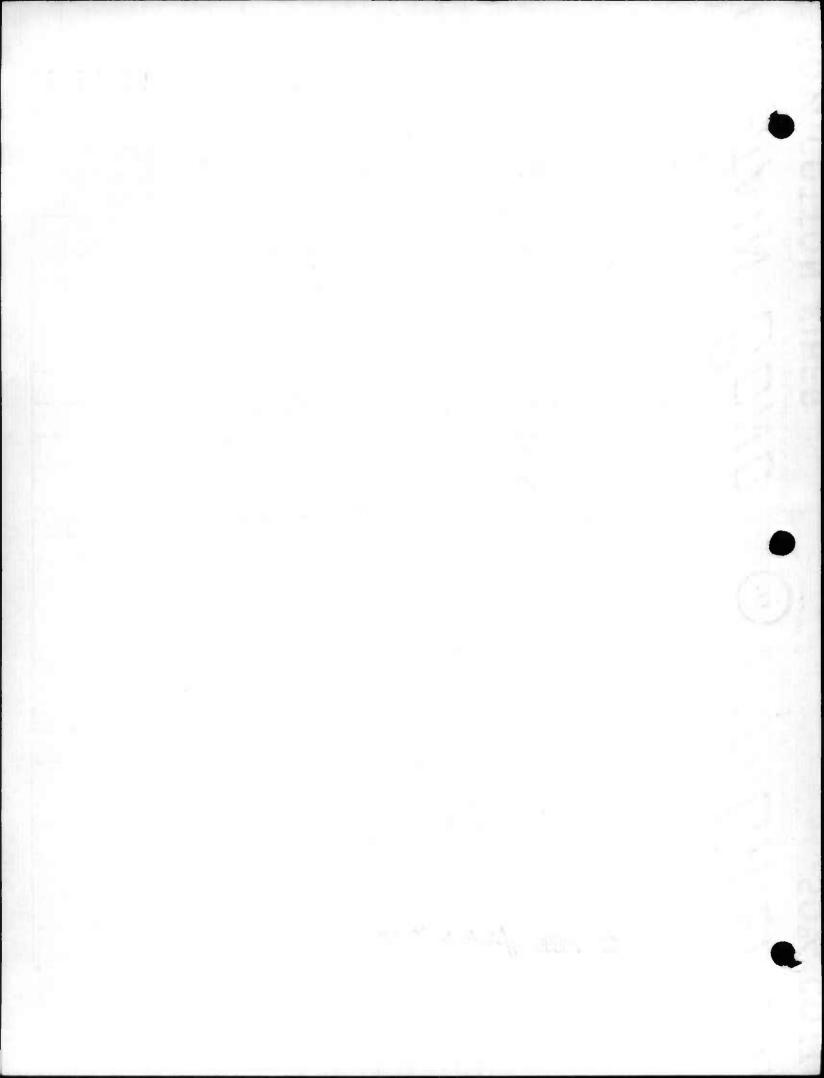
111 Penn Street, Baltimore, MD



BALTIMORE, MARYLAND 21203-3146	is after death. Page 6 may be retained by the hospital or attending physician.  by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and minoral.  This is a committee must be examined as another.	and examined most be mounted at once.
DIVISION OF VITAL RECORDS, P.O. BOTTOMORE, MAI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the damp ceres in the control of the following the retained by the hospital or attending physician.  TO THE FUNEAL DIRECTOR: After this certificate has been signed by the amount of the control of the following the following the date of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the cont	PURISH: II HEM 26 IS MARKEL, UT HOM 23 SHOWS SHE HINDER OF MEMBERS STATE OF MACHINES MANAGED FOR MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHINES OF MACHI

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1. DECEDENT'S NAME (First, Middle VINC)	att and a	enh 1	LAWLER	Ir			2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:		F UNDER 1 YE		ER 24 HRS.	10 -	11-		12:45 PN
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RESIDENCE OF DECEDE	NT									
MD 10a. STATE 10b.	BALTIMORE		10c. CITY, 1	IMON1						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER					10f. ZIP CC	DE		10g. Cf	TIZEN OF W	HAT COUNTRY?
10 YORKVIEW	DRIVE				21	093		1	JSA	
11. MARITAL STATUS  1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AF I YES 2 X MAR OR DATES	NED NO	If ye		ben, Mexico	NIC ORIGIN? (Spec an, Puerto Rican, et ly:		Black	- American Indien, White, etc.
	T'S EDUCATION	16a, Di	CEDENT'S US	HAL OCCU	PATION		16b. KIND (	F BUSINESS/II	1	
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5	(6	live kind of wor . Do NOT use i	k done durir	ng most of wor	king	3000 (1.5)/16			
12 years	College (1-4 of 5		es Re	prese	entati	VP	Cen	ent W	orks-	Construct
17. FATHER'S NAME (First, Middle,	Last)	100.	CS ITC	pres			AME (First, Middle, A			Comperaci
Vincent Jose		lr.				arior	St. Williams	- continue will be	Ew	ell
19a. INFORMANT'S NAME (Type/Pr			b. MAILING A	ODRESS (S			Route Number, City			CII
Betty Ander			10 Yo				- water married, only	or rown, steel, 2		
20a. METHOD OF DISPOSITION	Son Lawier	200 81 405	OF DISPOSIT				- 1.	De. LOCATION -	Alt 9-	
1 Buriel 2 Cremation 3 4 Donation 5 Other (Spec		other p	dlawn			remetory or	2	Woodla		
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	+ 101			ME AND ADD					
•	Martin	b. Liwi	ion				nell-Wied d. 21093			
23. PART I. Enter the disease shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	fallure. List only one ca				inoue or c	ynig, sui	on an enrolac of	respiratory a	inteat,	Approximate Interval Betwee Onset and Deat
Todating in addition	DUE TO	OCIC CI	QUENCE OF):							YEARS
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cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO	O (OR AS A CONSE	QUENCE OF):							
resulting in death) LAST	( d			_						+
PART II. Other significant co	onditions contributing to	N/A	resulting in	the unde	rtying caus	e given in	P	AS AN AUTOPS' ERFORMED?	Y 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							_			1 YES 2 NO
25. WAS CASE REFERRED TO MEI EXAMINER?					26. PLACE OF	DEATH (C	heck only one)			
1 YES 2 NO	MOSPITAL:	☐ ER/Outpetient	DOA 4	THER:	Home 5 🗆	Residence	6 Other (Speci	(y)		
27. MANNER OF DEATH  1 X Natural 5 Pendi	28a. DATE O (Month,	F INJURY Day, Year)	20b. TIME INJUI	TY Y	c. INJURY AT WORK?		29d. DESCRIBE	HOW INJURY O	CCURED	
3 Suicide 6 Could	I not be whited	OF INJURY — At h	ome, ferm, str				28f. LOCATION ( City or Town		ber or Rural F	loute Number,
Conson only	IG PHYSICIAN: To the best of EXAMINER: On the basis of									) and manner se stated.
29b. SIGNATURE AND TITLE OF	ERTIFIER				29c. L	ICENSE NU		29d. D.	ATE SIGNED	(Month, Day, Year)
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	FOR STATE REGISTRAR	STATE OF MARYI			RTMENT OF			HYGIEN REG. NO	_	0 (	27889
	1. DECEDENT'S NAME (First, Middle, Last) LISA MARTIN	/LISA T. N	1ART]	IN			2. DATE OF	09 D	w 90	YEAR 7:	TIME OF DEATH 23pm
	4. SOCIAL SECURITY NUMBER 217-78-0557	1 □ M 2 € X	i (In yrs. lest	birtnday) YRS.	IF UNDER 1 YEAR WONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. 8 - 1 (	BIRTH by. Yber) ) — 64		8. BIRTHPLA Country) MD	ACE (State or Foreign
OR	9e. FACILITY NAME (If not institution, give a THE JOHNS HOP)	treet and number SPITA	AL		эь. снту трук	OR LOCATION OF D	EATH			ITY OF DEAT	
BALTI  RESIDENCE OF DECEDENT  106. STATE  106. COUNTY  BALTIMORE CITY						10	od, INSIDE CITY				
BALTIMORE CITY								LIMITS?			
J.	10e. STREET AND NUMBER					Of. ZIP CODE			10g. CITIZ		T COUNTRY?
ER/	2851 BOOKERT D	DRIVE				21225				USA	
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES	3 XXV	AED O	If yes, t	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Speci	an, Puerto Rice		or No—	Black, W	American Indian, Vhite, etc.
ВУ	3 Widowed 4 Divorced	11 100, 0012 1011 011	DATES		''	S I M NO Speci	· y .			В	lack
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	PCATION e completed)	16e. DEC	EDENT'S	Work done during r	ION nost of working	16b, KI	ND OF BU	SINESS/IND		
Ë	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5 +)			se retired.) Loyed						
ME	17. FATHER'S NAME (First, Middle, Lest)		Ulli	emp.	Loyeu	18. MOTHER'S N	AME (First Mide	tle Mairien	Sumamal		-
	Melvin	Martin				the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	rley	10, 1110011	our name,		Patterson
BE	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
5	Shirley	Woods	- 1	285	l Book	ert Dri	ve/Bal	Ltim	ore,	Md.	21225
	20e. METHOD OF DISPOSITION 1   Burlel 2 □ Cremetion 3 □ Rem 4 □ Donetion	noval from State	other ple	ce)		emetery, crematory or				City or Town,	n. Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	KII	og i		AND ADDRESS OF F		IKAII	патт	SLOW	H. Pid.
	· Janes	2 Cond									RTH AVE.
	23. PART i. Enter the diseases, or shock, or heart failure.	complications that cause List only one cause on			not enter the n	ode of dying, su	ch se cerdia	or resp	Instory sm	est,	Approximats interval Between
	IMMEDIATE CAUSE (Final disease or condition										Onest and Death
	resulting in desth)	B. DUE TO (OR AS	A CONSEO	HENCE C	NE) ·						19
_		b_ Cheur			r.						104
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS			OF):						100
CA	cause. Enter UNDERLYING CAUSE (Disease or injury	· AID	S								lmo
TE	that initiated events	DUE TO (OR AS	A CONSEQ	UENCE C	OF):						0
Ä	Testiting in death, Exo.	d. HTV									OAV
PHYSICIAN: MEDICAL (	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  Candiany opathy (HIV)  24a, WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL				24	PLACE OF DEATH (0	Shoot only one)				
SICI	EXAMINER?  1 YES 2 NO	HOSPITAL:	stnetlant 1	□ DOA	OTHER:			Smanth et			
1 VES 2 NO 1 Nonpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)  27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 286. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED											
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	,	IN IN		VORK? YES 2 NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, stc. (Sp	RY — At hor pecify)	me, farm,	street, factory, of	lice		ON (Street Town, State		or Rural Rou	te Number,
J/E	29e. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my kno	owiedge, de	ath occur	red at the time, d	ite and pleca, and du	e to the cause	(e) and me	nner ee stat	ed.	
COMPLET	cond only	ISM: On the basis of examinat									ind manner as stated.
BE C	296. LICENSE NUMBER 29d. DATE SIGNED (Month, Dey. Veer)										

29c. LICENSE NUMBER A7038

MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OCO N. Walle

3 REGISTRAR'S SIGNATURE
Julia Davidson-Rondasse

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

10. 9. 90

physician.	The area of the burial-transit permit. Pages 1, 2, 3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by measured	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be described.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CER	TIFICATE (	OF DEATH	REG. NO.		
,	1. DECEDENT'S NAME (First, Middle, Last)	0 00.			2. DATE OF DEATH		3. TIME OF OEATH
	( DTHSRIDS	R Mills	G		MONTH DA	SPPI	
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. lest birt)	hday) IF UNDER 1 Y	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
		_ /		YS HOURS MIN.	(Month, Dey, Year)	~ 11 CS	untry)
	217 20 2101	10			110v.211	91411	ARYLANO
	9a. FACILITY NAME (If not institution, give etreet	and number)	9b. CITY, TO	WN OR LOCATION OF DE	ATH /	9c. COUNTY O	F DEATH
R	5625 MAYV	ILW AVS.	BAE	TIMORE			
5	RESIDENCE OF DECEDENT						
2	10a. STATE 10b. COUNTY	10	c. CITY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
DIRECTOR	1 ARY LAND		BALTI	MORE			17 YES 2 NO
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
FUNERAL	5625 MAYVI	IVA AVE		21204		7.1)	A.
2		. WAS DECEDENT EVER IN U.S. ARMEO	13. WAS	DECENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No- 14. R	ACE American Indian,
E	1 Never Married 2 Married	FORCES? 1 YES 2 NO	I1 ye	s, specify Cuban, Maxica YES 2 NO Specify	n, Puerto Rican, etc.)	В	fack, White, atc.
BY	3 Widowed 4 Divorced	il led, GIVE WAT ON DATES	'-	TES 2 SE NO SPECIE			34175
	15. OECEOENT'S EOUCAT	ION 16e. OECEO	ENT'S USUAL OCCU	PATION	18b. KIND OF BUS	INESS/INOUSTR	Y
E	(Specify only highest grade con	Illin Do I	ind of work done duri NOT use retired.)	ig most of working			
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	٥٠ ٥٠	Yasla	TOSA	22200	P-
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		HILL .		ME (First, Middle, Melden		. LOx
8	17. PATHER'S NAME (PIRST, MIDDIE, LEST)	7-11-1		100		D	
BE	-W NHOU	1, LLSR			YARST	1501	)
2	19a. INFORMANT'S NAME (Type/Print)	19b. M/	AILING ADDRESS (S	reet and Number or Rural i	Route Number, City or Tow	n, State, Zip Code,	
- 1	FAMILY KE	20803	SAME	OUH ZA	VS		
	20s. METHOD OF DISPOSITION  1 Burial 2 Cremetion 3 Remove	20b. PLACE OF D	DISPOSITION (Name	of cemetery, cremetory or	20c. LO	CATION — City o	r Town, State
- 1	Donation 5 Other (Specify)	- GARO	EN OF	FAITH	IKo	LAGSZ	£ MO.
	21. SKE ATURE OF FUNERAL SERVICE LICEN		22 MAI	AE AND ADDRESS OF EA	CILITY - C	2000	23.
	100 17	<b>N</b>	22	ANS CHAI	bitoli	Trigh	الله الله
$\rightarrow$	Thomas acres		188	POO MARE	FORD KOP	0-1	ARKVILLE
- 1	23. PART I. Entar the diseases, or con shock, or heart fallure. Lis	npilications that caused the death. It only ona sause on each line.	. Do not enter th	mode of dying, suc	h aa cardlac or respi	ratory arrest,	Approximate Interval Between
- 1	IMMEDIATE CAUSE (Final			,			Onset and Death
- 1	disease or condition resulting in death)	DISSEMI	NATED	LYME	HOMA		
		OUE TO (OR AS A CONSEQUE	NCE OF):				
z							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUE	NCE OF):	-			
₹ I	cause. Enter UNDERLYING						
Ē.	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUER	NCE OF):				
臣	resulting in death) LAST						
22							
4	PART ii. Other aignificant conditions of		itting in the unde	rlying cause given in	Part I, 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
일	H/O POLI	)			1 _ YES 2	NO	OF DEATH?
MEDICAL	H/0 D, J	D.					1   YES 2   NO
=							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)		
2		HOSPITAL:	OTHER:	Home 5 Residence	A Char (Specific)		
ž	27. MANNER OF DEATH	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		c. INJURY AT	26d. DESCRIBE HOW	NJURY OCCURE	
	1 Netural 8 Pending	(Month, Day, Year)	INJURY	WORK?			
BY	2 Accident Investigation	DO IN ACCOUNTING AS A COM			004 1 00471011 //2		and Courte Marshau
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)	rarm, street, ractory	, omce	281. LOCATION (Street City or Town, State)		irai rioute Number,
COMPLETED					l		
7	29a. CERTIFIER CERTIFYING PHYSICIA	AN: To the best of my knowledge, death	occurred at the time	, data and place, and dua	to the cause(s) and me	nner as atated.	
N	200)	On the basis of examination and/or inve	stigation, in my opin	ion, death occured at the	time, date and place, ar	nd dua to the cau	see(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MRFR	294 DATE SIG	NEO (Month, Day, Year)
BE	1 Shawsid	2 deu		D2025		1	T 1002
2	30. NAME AND ADDRESS OF PERSON WHO	COMBI ETEO CAUSE OF DEATH AVEN OF	7) Clima Drivel	0202	~	00	1.12,1770
	ON ONLY ON THE	THE PERSON OF DEATH (ITEM 2)	(Trype, Frint)				
	DK DHLIHH >	HALIZODO	1				
	31. DATE FILEO (Month, Day, Year) 0CT 1 2 1990	32. AUGISTRAR'S SIGNATURE.	de me				
- 9	I OCT 1 2 1990	Town wall was and out	Section 1				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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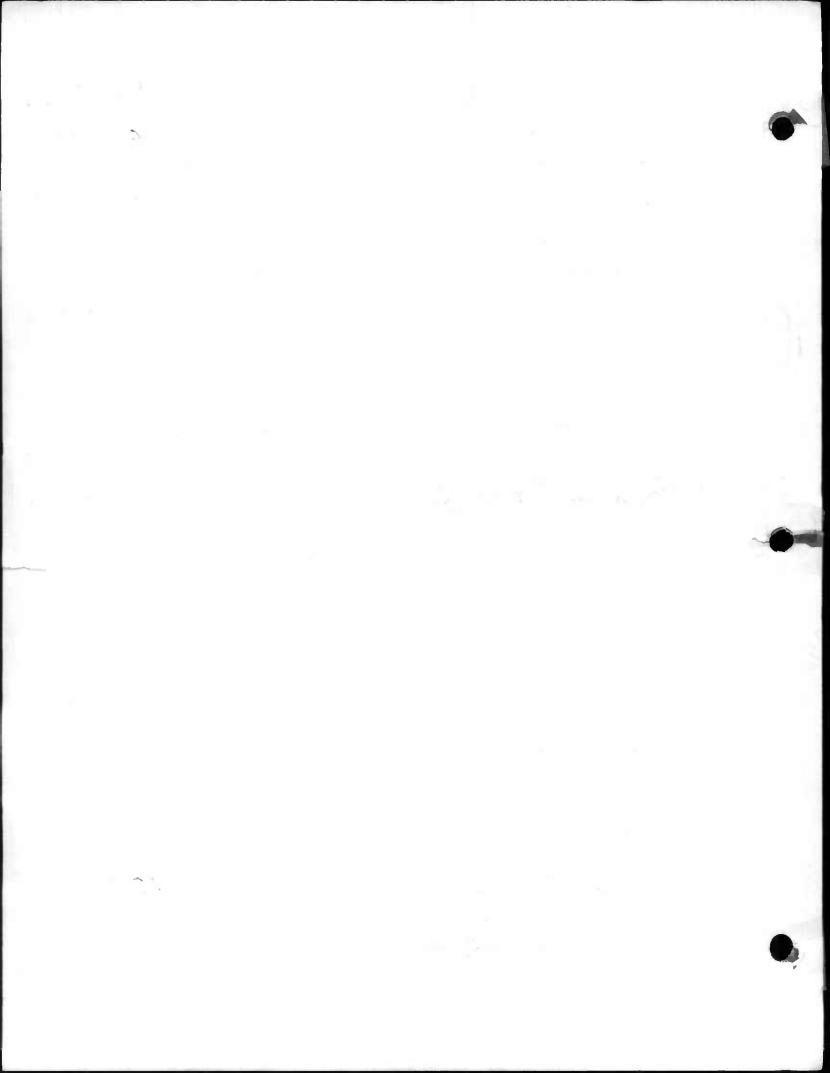
	1 - STATE REGISTRAR  STATE CERTIFICATE OF DEATH  1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  WORTH DAY  YEAR  YEAR  YEAR
2, 3 should	4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  FUNDER 1 YEAR IF UNDER 24 HRS.  7. DATE OF BIRTH   8. BIRTHPLACE (State or Foreign Months)  NONTHS DAYS HOURS MIN.  9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  SC. COUNTY OF DEATH  BALT: MORE
DEFINIT. Pages 1,	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  10d. INSIDE CITY LIMITS?  1 UYES 2 M NO  10e. STREET AND NUMBER  10f. ZIP CODE  10g. CITIZEN OF WHAT COUNTRY?
as the borist transit per B BY FUNERAL	2803 CHSOOAK AV2  11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorcad  12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 DNO If yes, specify Cuben, Mexicen, Puerto Rican, etc.)  13. Was DECENDENT OF HisPanic Origin? (Specify Yee or No— Black, White, etc.)  14. RACE — American Indian, Black, White, etc.  Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Specify:  WHO Sp
the hospital or attender detached for use as once.  COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  SYRS.  16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  RSS. OF WIRS  18. MOTHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Meiden Surneme)
ay be retained by the page 5 should be do to the continue at 0 TO BE CO	TOSSPH MANTER  196. INFORMANT'S NAME (Type/Print)  FAMILY RECORDS  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  SAMS AS ABOVE
death. Page 6 m funeral director, examiner must	20b. PLACE OF DISPOSITION 1 Normal 2 Cremation 3 Removal from State 4 Donatton 8 Other (Specify) 21. SIGNATURE OF DINERAL SERVICE-LICENSEE 22. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 22. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 22. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 23. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 23. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 23. NAME AND ADDRESS OF FACILITY 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2 VANS CHAPLY OF NORK STATE 2
be executed within 24 nours cian and completely filled in to or to builal, cremation, or ret aumatic event, the medi ATION	23. PART I. Enter the diseases, or compilections that caused the deeth. Do not safer the mode of dying, such as cerdiac or respiratory strest, shock, or heart feliure. List only one cause on each line.  Approximate interval Between cause or condition reaulting in death)  But To ICH As a Consequence or Conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAUSE (Disease or injury CAU
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law respectively	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  26. PLACE OF DEATH (Check only one)  OTHER:  1 Inpetient 2 ER/Outpatient 3 DOA  ANarsing Home 5 Residence 8 Other (Specify)
TENDING PI TOR: After th ther death v the Is mark	27. MANNER OF DEATH  1 Natural 8 Pending Investigation  3 Suicide 6 Could not be determined  28e. DATE OF INJURY 28e. INJURY AT WORK?  1 YES 2 MO  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following following
HOSPITAL OR WITHIN 72 HOUN WITHIN 72 HOUN TANK IN HOME COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated.  2 MATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)
TO THE TO THE DO RIGHT	31. DATE FILED (Month, Day, Year)  32. FIRST HAVE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/1/20, Print)  31. DATE FILED (Month, Day, Year)  32. FERSTHAND AND COMPLETED CAUSE OF DEATH (ITEM 27) (1/1/20, Print)  31. DATE FILED (Month, Day, Year)  32. FERSTHAND AND COMPLETED CAUSE OF DEATH (ITEM 27) (1/1/20, Print)

15 15 -

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 flows after death. Page 6 may be retained by the h TO THE FINEFAL DIRECTOR. After this certificate has been signed by the attending physician and completely all oil hay the hineral director, page 5 should be detained within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremwisten, or removal.  IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once	7	eta		nes
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with transit permit, Pages 1, 2, 3 should

	1 - STATE OF MARYL	AND / DEPARTM CERTIFICA			ENTAL HYGIENI REG. NO.	9 (	27892		
	1. DECEDENT'S NAME (First, Middle, Last)			:	DATE OF DEATH	Y YEAR	3. TIME OF DEATH		
	Samuel L. Matkins		10	09 90	5:00 P M				
ì		,	1	IF UNDER 24 HRS.	Month, Day, Year)	8. BIRTH	PLACE (State or Foreign		
	213-09-8598 18 M2 OF 8	YRS.	THS DAYS	HOURS MIN.	10-9-0		MP		
	9e. FACILITY NAME (If not institution, give street end number)		CITY, TOWN OR	LOCATION OF DEAT	'H	9c. COUNTY OF DE	ATH		
DIRECTOR	Meory Medical Cente	60 (	Baltin	none		MD			
티	10e. STATE 10b. COUNTY	10c, CITY, TO	WN OR LOCATIO	ON			10d, INSIDE CITY		
E	MD		ltimo		City.Md		LIMITS?		
	109. STREET AND NUMBER	1 000		ZIP CODE	CILY.MQ	10g. CITIZEN OF W			
2	659 E. Clement St			2123	0	U	S		
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN			NDENT OF HISPANIC	ORIGIN? (Specify Yee	or No- 14. RACE	- American Indian,		
	1 Never Married 2 Married FORCES? 1 YES			offy Cuben, Mexicon, Mexicon, No. Specify:	Puarlo Rican, etc.)		White, etc.		
BY	3 Wildowed 4 Divorced						WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU (Give kind of work	done during most	of working	16b. KIND OF BUS	INESS/INDUSTRY			
<u> </u>	Elementary/Secondery (0-12) College (1-4 or 5+)	life. Do NOT use ret							
₹	8th.Grade	Poli	ceman			Gov't			
8	17. FATHER'S NAME (First, Middle, Last)	Matkins ekins		18. MOTHER'S NAME	(First, Middle, Melden	Surname)			
B	Samuel Ma				once R ute Number, City or Town				
2	Mrs.Anna Matkins				Balto.Md				
		PLACE OF DISPOSITION				CATION — City or To	ern. State		
	X Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	St.Mary			200. 200	on ion — only or io	an, state		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Sc.Hary		ADDRESS OF FACI	LITY				
	Stan Succession					Balt	o.Md.21230		
	mane amax	<u> </u>					Fort Ave.		
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a		enter the mod	e or aying, such	as cardiac or reapi	ratory arreat,	Approximata Interval Between		
	IMMEDIATE CAUSE (Fine) disease or condition  Onset and Death								
	resulting in death) s. Respiration and the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the consensation of the con								
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CERTIFICATION	cause. Enter UNDERLYING		milura				1240		
띹		CONSEQUENCE OF):							
F	resulting in death) LAST								
	PART II. Other significent conditions contributing to death b	ust not requiting in the	he underlying	cause alven in P	art I. 24s. WAS AN	ALITOPSY 245	WERE AUTOPSY FINDINGS		
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ă					— 1 1 ▼ YES 2	□ NO	OF DEATH?		
Σ					-		1 TYES 2 NO		
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL		26. PL A	ACE OF DEATH (Chec	k only one)				
S	EXAMINER?  1  YES 2 NO		THER:	5 Residence 8					
H	27. MANNER OF DEATH 28a. DATE OF INJURY	28b. TIME O	F 28c, INJU	JRY AT	28d. DESCRIBE HOW I	NJURY OCCURED			
	1 Natural 5 Pending (Month, Day, Year)	INJURY		RK? ES 2 NO					
ВУ	2 Accident Investigation 3 Suicide 8 Could not be 28e. PLACE OF INJURY building, etc. (Spec	- At home, farm, stree	it, factory, office		281, LOCATION (Street	and Number or Rural I	Route Number,		
	4 Homicide determined building, etc. (Spec	cny)			City or Town, State)				
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know								
MP	(Check only One)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								
	29b. SIGNATORE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)								
BE	De De Date	. MI	0	270. LIOLITSE HOME	, ch	DA-	09-90		
							0-09-90		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type. Pri	nt)						
	301 St Paul Place	Raltin	*	Med	21202				
	301 St Paul Place	Raltin	*	Md	21202				
	301 St Paul Place	Raltin	*	Md	21202				



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	ANNA H. M	ALINSKI			2. DATE OF	befar 8,	YEAR 1990	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219 22 7838 A	5. SEX 8. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, De	BIRTH	8. BIRT Coun	HPLACE (State or Foreign try)
915 Church St.	street and number)	9	Baltin	R LOCATION OF DE		9c. CC	DUNTY OF	
RESIDENCE OF DECEDENT								
Maryland Anne	e Arundel		rook1vn	Heights	3			10d. INSIDE CITY LIMITS?  1 YES 2 NO
915 Church St.				21 2 2 5		10g. C	TI.	WHAT COUNTRY?
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 1 YES	N U.S. ARMED 2 DNO ATES	If yes, sp	ENDENT OF HISPAN icity Cuben, Mexica 2 NO Spectly	n, Puerto Rica		Blac	CE — American Indian, ck, White, etc. cily: White
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5 +)		k done during mo retired.)	N st of working		ND OF BUSINESS/		
12		cle	rk		We	estingho	use	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Midd	fle, Maiden Surname	1)	
John Malins	ci		111111	Ana	stasia	Lubuny	7	
Peter Malinski				nd Number or Aurel I e St., B				5
20ar METHOD OF DISPOSITION 1 🗠 Burlal 2 🗌 Cremation 3 🗎 Red 4 🗎 Donation 5 🗎 Other (Specify)	noval from State	other place) Hol	y Cross	cemetery cremetory or Cemeter	У	20c. LOCATION Ritchie		own, State ,Baltimore,M
21. SIGNATURE OF FUNERAL SERVICE L	ION SEE		22. NAME AN GEOT	ge J. Go	nce Fi			P.A. MD 21225
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):  A CONSEQUENCE OF):						
PART II. Other significant condition	one contributing to death i	but not resulting in	the underlying	g cause given in		a. WAS AN AUTOPS PERFORMED?	3Y 24	Ib. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE
					_   '	TES 2 NO		OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)			
1 XYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out	petient 3 DOA	OTHER:        Nursing Hore	e 5 X Residence	6 Other (S	pecify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	29b. TIME INJUI		URY AT PRICY YES 2 NO	28d. DESCR	HOW INJURY	OCCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, str ocify)	vet, factory, offic	•	28f. LOCATI City or	ON (Street end Nurr lown, Stete)	iber or Rura	I Route Number,
Torroom only	SICIAN: To the best of my know							o(s) and manner as stated.
eskilajjoistiisilmitteettistiistiikisseesilmeteemyliineiyki	nes M.D.	Deputy	Defeat 1	D 06				ED (Month, Day, Year)
William P. Jos	nes. M.D.	695 Amer		ourt, D	avids	onvill	e, M	1D 21035
31. DATE FILED (MONTH, Day, Your)	Juna Davids	Mandall						

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MA
SSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24-rouns after death. Page 6 may be man

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 6 may be mind to THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 wholed be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at in

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

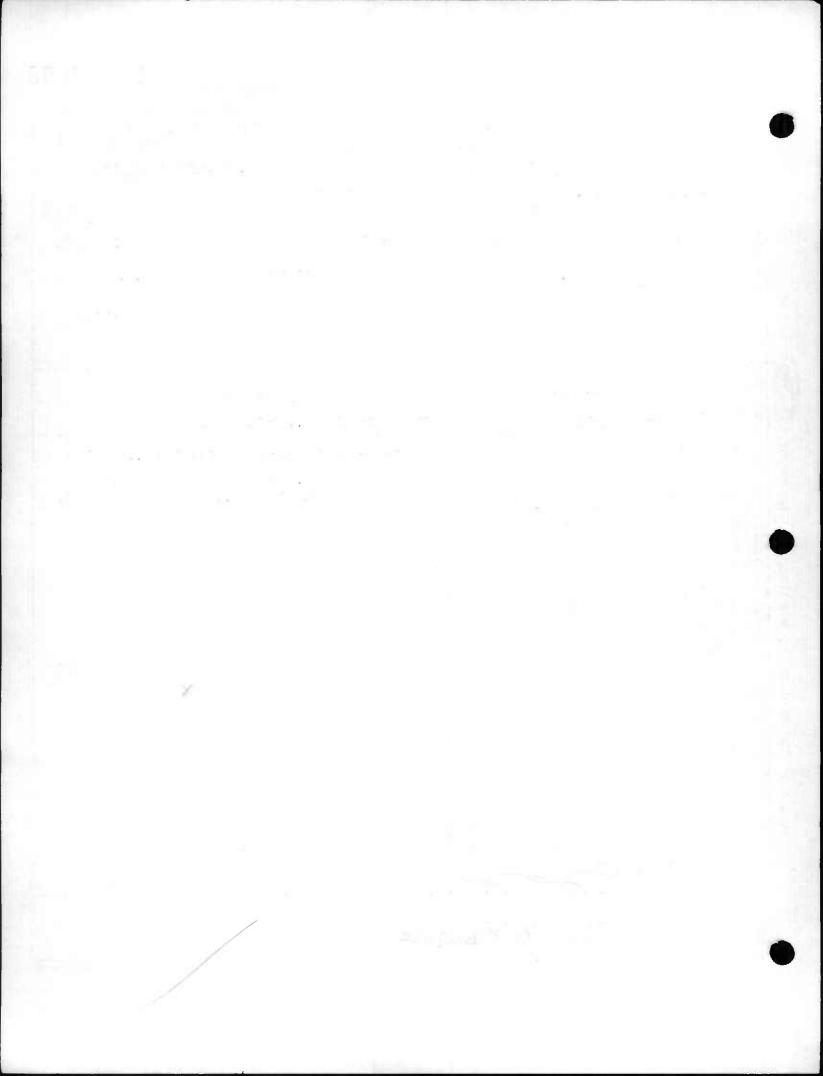
tor use as the burial-transit permit. Pages 1, 2, 3 should

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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	. Page 6 may be remmed to the common mending physician.	ral director, page 5 thou for the property as the bunial-transit permit. Pages 1, 2, 3 should	liner must be nettined at outer
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mounts after death. Page 6 may be remined to the second mending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should off the construction as the burial-transit permit. Pages 1, 2, 3 should be also within 75 hours after death with the State Dent of Health and Mental Horieles prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be nettlined in our

	1. DECEDENT'S NAME (First, Middle, Last) ALRXANDER Matthews.								2. DATE OF OEATH DAY 90 YEAR 400 Pm				3. TIME OF DEATH 400 Pm. M	
DIRECTOR	4. SOCIAL SECURITY NUMB	st birthday)	IF UNDER		IF UNDER		7. DATE OF B (Month, De)	HRTH	DI ACE (State or Foreign					
	218-207			64.	YRS.	MONTHS	DAYS	HOURE	MIN.	9 13	-	6	COUNTY	Maryland
	9a. FACILITY NAME (If not institution, give street and number)  St. Agnes Hospital  9b. CITY, TOWN OR LOCATION OF DEATH  Baltimore									EATH				
								10d. INSIDE CITY						
E I	MD Baltimore							196		Pills 4		LIMITS?		
MAL	10e, STREET AND NUMBER							. ZIP COD	E					THAT COUNTRY?
FUNERAL	8290 Main St					043			USA					
	11. MARITAL STATUS 1 [X] Never Married 2 Married IF YES, GIVE WAR-OR DATES					1	f yes, sp	es, specify, Cuben, Mexican, Puerto Rican, etc.) Black, W.						— American Indian, , White, etc.
ВУ	3 Widowed 4 Olvo	rced	9/11/50 1		0/52	'	763	2 (40	Opecar	,. 			орисл	[%] Black
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COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5 +)		B. DO NOT US	ya reureu.j								
9	17. FATHER'S NAME (First, M											Sumame)		
BEC	George A.		VS					I		L. Brown Route Number, City or Yown, State, Zip Code) et, Balto., MD 21217				
0	Dorothy Kno													217
	20th METHOD OF DISPOSITION  1								And a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second sec					
- 1	21. SIGNATURE OF PUNERAL SERVICE DEFISEE  22. NAME AND ADDRESS OF FACILITY  March F/H West													
	7 Xe	4300 Wabash Avenue												
	ahock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)		DUE TO (O			à,		2						Interval Between Onset and Daath
CERTIFICATION	disease or condition resulting in death)  B. HYPOKEMICA.  DUE TO (OR AS A CONSEQUENCE OF):  TERMICAL CULTY CA.  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
ERTI		that initiated events resulting in death) LAST  d.												
AL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED?  AMALABLE PRIOR TO									WERE AUTOPSY FINDINGS				
MEDICAL	COMPI								COMPLETION OF CAUSE OF DEATH?					
_	1 TYES 2 NO													
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)													
SICI	EXAMINER? 1 YES 2 NO	1	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	R:			8 Other (Sc	pec/fv)			
PHYSICIAN:	- X	MANNER OF DEATH 28s. DATE OF INJURY 28s. TIME OF 28c. INJURY AT WORKS								CRIBE HOW INJURY OCCURED				
red BY	2 Accident 3 Suicide 6 4 Homicide	INJURY — At It ic. (Specify)	nome, farm,	street, fact	lory, offic	ce	V		ON (Street 6 own, State)	and Number	or Rural I	Route Number,		
COMPLETED	anal anny a		AN: To the best of m											a) and menner as stated.
	296. SIGNATURE AND TITLE	E OF CERTIFIER						29c. LIC	CENSE NU	MBER		29d, DATE	E SIGNED	(Month, Day, Year)
3 BE	40	Mad	lical R	csida	ud					1				08-90.
QT \	10 HARE AND ADDRESS O	PERSON WHO	COMPLETED CAUSE	OF DEATH (TT	EM 27) (Type		m	BV	2	albo	MA			
	OCT 12 1990 Silva Davidson Manuale									-				

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ALE	ECTOR	rs after	п 28
AL DH	AL DIF	72 hou	If Her
HOS H	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, wage? Schould be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
O THE	O THE	e filed	MPOR
_	l-m	٥	

	FOR STATE OF MARYLAND A		MENT OF HEALTH A		TAL HYGIENI			
i	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH		3. TIME OF DEATH	
	NORMAN MARTIN Jr		OCTOBER_8		12:27 PM			
	The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th	//					BIRTHPLACE (State or Foreign Country)	
1	100-46-8801 1X□ M 2 □ F 17						N.Y.	
œ	9a. FACILITY NAME (If not institution, give street and number)	OF DEATH	9c. COUNTY OF DEATH BALTIMORE CITY					
6	THE JOHNS HOPKINS HOSPITAL		BALTIMORE			DABITI	TOKE CITI	
DIRECTOR	Md. Baltimore	1000 0000	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	Md. Baltimore	J Kar	ndallstown			10g. CITIZEN	1 ☐ YES \$XX NO OF WHAT COUNTRY?	
FUNERAL	3416 Barry Paul Rd. Apt. 203		2113	3		USA		
S	11. MARITAL STATUS  12. WAS DECEDENT EYER IN U.S. A FORCES? 1 YES 2 Y		13. WAS DECENDENT OF I			or No- 14,	RACE — American Indian, Black, White, etc.	
ВУ Б	1 Never Married 2 Married 3 Widowed 4 Divorced  1 YES 2 WIF YES, GIVE WAR OR DATES	NO.	1 YES 2 X NO		arto ricar, etc.)		Specify: Black	
			SUAL OCCUPATION		16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	n. Do NOT use	,					
MPI		tudent						
8	Norman N. Martin, Sr.		100000000000000000000000000000000000000		First, Middle, Maiden	Surname)		
TO BE		da Fl	Number, City or Town	, State, Zip Coo	de)			
4			Barry Paul Rd					
3	20a. METHOD OF DISPOSITION  1 TX Burlai 2 Cremation 3 Removal from State  20b. PLACE	OF DISPOSI	TION (Name of cemetery, cremate		20c. LO	CATION — City	or Town, Stata	
	4 Donation 8 Other (Specify) WES  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	tern S	tar Cem.	OE EACH IT		.0115 V 1 1	le, Md.	
	All March	/	March F/H					
	23. PART I. Enter the diseases, pr complications that caused the d	leeth Do no	4300 Wabas				1 Approximate	
	ahock, or heart failure. List only one cause on each lin		or enter the mode of dying	, such as	cardiec or reapi	ratory arrest,	Approximate Interval Between Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Candida Sepsi's  Due to (or as a consequence of):							
ı	resulting in death)  a. CAYVALLA St.  DUE TO (OR AS A CONSI	EOVENCE OF	:				3 days	
NO	Sequentially list conditions,							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
IFIC	CAUSE (Disease or Injury thet Initiated events	EQUENCE OF	:					
ERT	resulting in death) LAST							
AL C	PART II. Other algnificant conditions contributing to death but not	resulting in	the underlying cause give	en in Par	I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
SIC	MELAS syndrome				1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	-						1 TYES 2 NO	
AN:	25, WAS CASE REFERRED TO MEDICAL		24 51 405 05 05	T41 404				
PHYSICIAN: MEDIC	EXAMINER? HOSPITAL:	3   DOA	26. PLACE OF DEA					
λH	1							
ВУР	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO							
	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						Rural Route Number,	
	4 Homicide datarmined							
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF GENTINGER	- 41	$ \lambda $	SE NUMBER	7/-HD	29d. DATE SI	IGNED (Months Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT  LESLIE PLOTNICK, MD 10	ws t	polains tesp	ita	e 600 BAL	N WOL	FE ST.	
	31. DATE FUED (Morith, Day, Year)  32. REGISTRAR'S SIGNATURE  TURE DEVISED - RegiSTRAR'S SIGNATURE  TURE DEVISED - RegiSTRAR'S SIGNATURE	plett.						
	001111000						DHMH-18 Rev 1/8	

REG. NO. 1. OECEOENT'S NAME (First Middle Leat) 2. DATE OF DEATH DAY OCT. 7, 1990 ELLIS B. MYERS 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 81 212-07-8212 MONTHS DAYS HOURS 1 🕅 M 2 🗆 F YRS JUNE 20, MARYLAND 1909 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF GEATH 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR BALTIMORE 3622 ANTON FARMS RD. BALTIMORE 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2X NO 1/4 STREET AND MIMRES FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 21208 USA 3622 ANTON FARMS RD. 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, Whita, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 TES 2 NO Specify: WHITE Specify: BY 3 Widowed 4 Olvorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) READS DRUG STORE 3 PHARMACIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ROBERT MYERS BESSIE **JACOBS** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BALTIMORE, MD 3622 ANTON FARMS RD. 21208 MRS. ROSINA MYERS 20a. METHOD OF DISPOSITION
1 | Burial 2 | Cremation 3 | | | |
4 | Donation | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION — City or Town, State BETH TFILOH BALTIMORE, MD 21. SIGNATURE OF FUNERAL BERVICE LICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. Sydne, L hear 6010 REISTERSTOWN RD. BALTO., MD 21215 23 PART | Enter the classes, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart allure. List only one ceuse on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Death Cardiac arrest disease or condition resulting in death) Suddlen Carotro varcular dissare Arterio Schrofiz CERTIFICATION Sequantially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF)that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? surritat Mitna 1 TYES 2 T NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Nursing Home 5 | Residence 5 | Other (Specify) 1 TES 2 LNO 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 26b. TIME OF 28d, OESCRIBE HOW INJURY OCCURED 1 P Netural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of azamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Attentigory 10.8.90 () 166 2 OH WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHASE NICHOLAS ORTUN 32 DEGISTRAY'S SIGNATURE
Guha Davidson-Handall 31. DATE FILED (Month, Day, Year) 2 1990

MARYLAND 21203-3146 retained by the 5 should be d 9 BALTIMORE, after death. o ď

permit. Pages 1, 2, 3 should

the hospital or attending physician.

page 5 should notified

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DIRECTOR: After 1 hours after death

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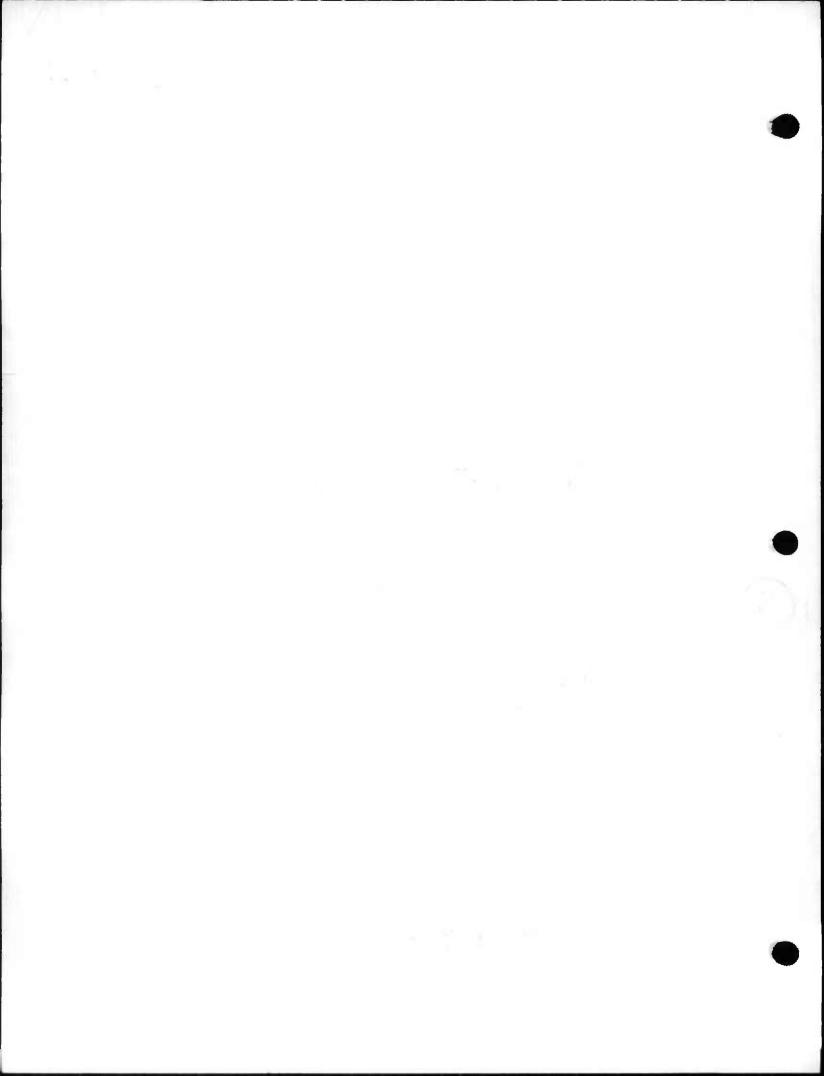
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DIVISION OF VITAL RECORDS, P.O.

matte event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dighth certains to THE FUNERAL DIRECTOR: After this certificate has been signed by the dirending be fled within 72 hours after death with the State Dept, of Health and Mental Hyperating IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury or either trading

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE OF DEATH		REG. NO.
1	· · · · · · · · · · · · · · · · · · ·	A DATE O	C DC (TU

	FOR 1 - STATE REGISTRAR	STATE OF			TMENT OF	HEALTH AND I	MENTA	L HYGIENI	E 3	0 1	
	1. DECEDENT'S NAME (First, Mide	dle, Last)						OF DEATH		3.	TIME DF DEATH
	Dorothy	Hester	McC	Clure	:		Oct		199	O O	м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE (Monti	OF BIRTH h, Day, Year)	8.	BIRTHPLI Country)	ACE (State or Foreign
1 1	219-20-7913 9e. FACILITY NAME (If not institute	1 M 2 KF	83	YRS.			Mar	ch 21	1907	Mar	yland
8	425 Woodbin			96. CITY, TOWN OR LOCATION OF DEATH  TOWSON					Baltimore		
5	RESIDENCE OF DECED			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY		
FUNERAL DIRECTOR	Maryland	Baltimore			owson	IIIDR				100	LIMITS?
ادّ	10e. STREET AND NUMBER	Dartimore			-	M. ZIP COOE			10g. CITIZEI		T COUNTRY?
E	425 Woodbin	Avenue				21204			ι	JSA	
5	11. MARITAL STATUS	FOROTES	NT EVER IN U.S. AR			CENDENT OF HISPAN pecify Cuban, Mexica			or No- 14	. RACE —	American Indian, /hita, atc.
BYF	1 Never Married 2 (4arr 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	•0		S 2 NO Specify		rican, atc.,			White
		NT'S EDUCATION	16a, DE	CEDENT'S	USUAL OCCUPAT	ION	166	, KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	(Specify only high	heat grade completed)  College (1-4 or 5	(G	ive kind of Do NOT u	work done during m	ost of working					
P	12					loyment		Maryl	and		
ő	17. FATHER'S NAME (First, Middle			cret	ary	18. MOTHER'S NA					
BE (		vard Skipper						rion R			
2	19a, INFORMANT'S NAME (Type/		19			and Number or Rural					1003
	Dorothy Kel		20h PLACE			Avenue,	Lut		CATION - CIT		
	20a. METHOD OF DISPOSITION    Burlal 2   Cremation 3	3 Removal from State	other pl	lece)	Hill Cer				Towso		
	21. SIGNATURE OF PANETIAL SE	CAL HARVE	m Proc	1	22. NAME /	ND ADDRESS OF FA					
- 1	, much	. Cupaul	Lochs	tamp	IOF	emmon-Mi					
	23. PART I. Enter the disee	eses, or complications th	at caused the de	eath. Do		Fimonium ode of dylng, suc				t,	Approximate
	shock, or heert iMMEDIATE CAUSE (Final	t fellure. List only one co	use on each line	ð.							Onset and Death
	disease or condition resulting in deeth)	. st	roke								1 mo.
	readiting in deedily		O (OR AS A CONSE								
S	Sequentielly list conditions	0.	rebral a			sis					-
CERTIFICATION	if any, leading to immediat cause. Enter UNDERLYING	le l	U (OH AS A CUNSE	DOENCE C	re):						
임	CAUSE (Disease or injury that initiated events	C	O (OR AS A CONSE	DUENCE C	F):						
F	reaulting in death) LAST	d									
	PART II. Other algorificant of	conditions contributing t	o death but not	resuiting	in the underlyi	ng cause given in	Part i.	24a, WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
S	Renal fa							PERFOR		C	MILABLE PRIOR TO OMPLETION DF CAUSE
밀	Endometa	rial cancer						1 TYES 2	X		F DEATH?
2 2											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MI EXAMINER?	HOSPITAL:			26.	PLACE OF DEATH (C/	neck only o	one)			
YSI	1 - YES 2 X NO	1 - Inpetient 2	☐ ER/Outpatient :	7	4 - Nursing Ho	me 5 X Rasidenca	8 🗆 Oth	er (Specify)			
	27. MANNER OF DEATH  1  Natural 5 Pen	28a. DATE ( (Month,	DE INJURY Day, Year)	28b. TH	JURY V	AJURY AT	28d. DE	SCRIBE HOW I	NJURY OCCU	REO	
B	2 Accident Inve	estigation 28e. PLACE	OF INJURY — At h	ome, farm.		YES 2 NO	281.10	CATION (Street	and Number of	Rumi Bou	to Number
	_ 0 000	and not be buildin	g, etc. (Specify)				City	or Town, State)		7101017100	
	29a. CERTIFIER 1X CERTIFY	ING PHYSICIAN: To the best	of my knowledge, d	eath occur	red at the time, da	te and place, and du	to the ce	euse(a) and ma	nner as stated		
COMPLETED	anal .	L EXAMINER: On the besis of									nd manner as stated.
	296. SIGNATURE AND TITLE OF	CONTIFIER			`	29c. LICENSE NU	MBER		29d. DATE	IGNED (A	orith, Day, Year)
3 8 6	Voncel	d ous		my		2111	74		10	12	40
임	30. NAME AND ADDRESS OF PE		USE OF OEATH (ITE	M 27) (Typ							
	Donald O.		ABID DIOUS TO		York	& Green	nmea	dow D	r. Ti	mon	ium, Md.
	31. DATE FILED (Manifo, Day, Van	990 filled	WIGGOT YOU	dell							



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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	- STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG.	NO.		
,	1. DECEDENT'S NAME (First, Middle, Last) BERNICE MCKNIGHT BERNICE	(NMN)	McKn	ight	2. DATE OF DEAT MONTH 10 08	H DAY 90	YEAR	3. TIME OF DEATH 6:45 pm M
	216-80-3709 10 M 2 DEF 74		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye 01 - 01 -		Counti	IPLACE (State or Foreign
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEMENT		ALTIMO	RE	ATH		INTY OF D	E CITY
EC	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	TION				10d. INSIDE CITY
	Maryland	I	Baltin	nore				LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 26 S. Ellamont Street		101	21229		10g. Cf	USA	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 2 NO	If yes, sp	ENDENT OF HISPANI ecity Cuben, Mexicen 2 NO Specify:	, Puerto Ricen, ste		14. RACI Blac Spec	E — American Indian, k, White, stc. thy: Black
COMPLETED	(Specify only highest grade completed)	(Give kind of work life. Do NOT use re	JAL OCCUPATION done during motired.)	ON est of working	16b, KIND O	F BUSINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5+)	Hor	nemake	er		Но	me	
Š	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAM	AE (First, Middle, M	alden Surname)		
BEC	John McKnight				wn to			
10	19a. INFORMANT'S NAME (Type/Print)			and Number or Rural R				
-	Delores Merritt	26 S.		nont Str		alto.		
	1	tro Cre	emator	ry, Inc.		Balti		
	George E. MacNabb		Crema	ation So rederic	ciety	of Ma	ryla	and , MD 21228
	23. PART i. Enter the diseases, or complications that caused the							Approximate
	ahock, or heert feilure. Liet only one ceuse on each IMMEDIATE CAUSE (Final	h iine.						Interval Batween Onset and Death
	disease or condition resulting in death)	A-						2 Dies
	DUE TO (OR AS A CO	ONSEQUENCE OF):						0
No	Sequentielly list conditions, DUE TO (OR AS A CO	ONSEQUENCE OF):						
¥	if any, leading to immadlete cause. Enter UNDERLYING	Historian P. 256						
DICAL CERTIFICATION	CAUSE (Disease or injury that initiated events	ONSEQUENCE OF):						
	resulting in death) LAST						_	
2	PART II. Other significant conditions contributing to death but	not resulting in t	the underlyin	g cause given in	Part I. 24a. W	AS AN AUTOPS	24	b. WERE AUTOPSY FINDINGS
5	Metasfuta Carusona of	Breast				ERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED	0							1 TYES 2 NO
ż								/
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	10	26. P	LACE OF DEATH (Ch	eck only one)			
IXSI	1 VES 2 NO 1 npetient 2 ER/Outpetient 27, MANNER OF DEATH 28s. DATE OF INJURY		☐ Nursing Hor	ne 8 🗆 Residence	8 Other (Specification of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		CCURED	
	1 Natural 8 Pending (Month, Day, Year)	INJUR	Y W	YES 2 NO	200. DESCRIBE	10W INJUNT O	CCORED	
COMPLETED BY	Accident     Suicide	At home, farm, stre	et, factory, offi	ce	281. LOCATION (: City or Town,	Street and Numb State)	er or Rural	Route Number,
	29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowled	ice, death occurred	st the time, det	e end place, end due	to the cause(e) er	d menner as #	lated.	
OMP	(Check only one) 2 MEDICAL EXAMINER: On the basic of examination e							(a) and menner as stated.
BE CC	290 DIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	ABER	29d. D	ATE SIONE	D (Month, Day, Year)
TO E	Bui M ding						19	5/20
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, PI	110	Joth.	15 th	Acin	160	Pidol
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATI	URE	1.0		7.19			
	10/ DICT 1 2 1990 Julie Davidson	-Andell						

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should untal cremation, or removal. urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

atic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law inquires that the plant in order to TO THE PUNERAL DIRECTOR: After this certificate has been sugged by the attend be fied within 72 hours after death with the State Dept. of Health and Mental Hy IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or

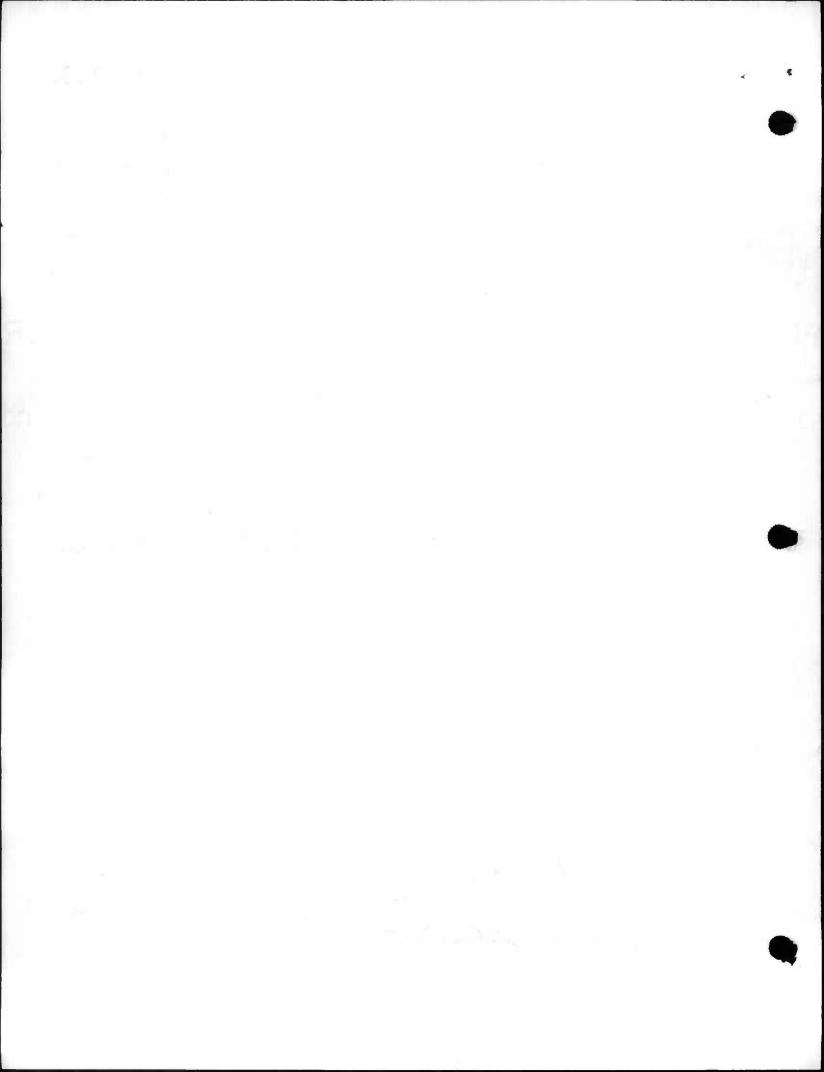
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31. DATE FILED (MORITI, Dey, Year) 0CT 1 2 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physical	wurs after death. Page 6 may be retained by the hospital or attending physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal	lled in by the funeral director, page 5 should be detached for use as the burial
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	n, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	e medical examiner must be notified at once.

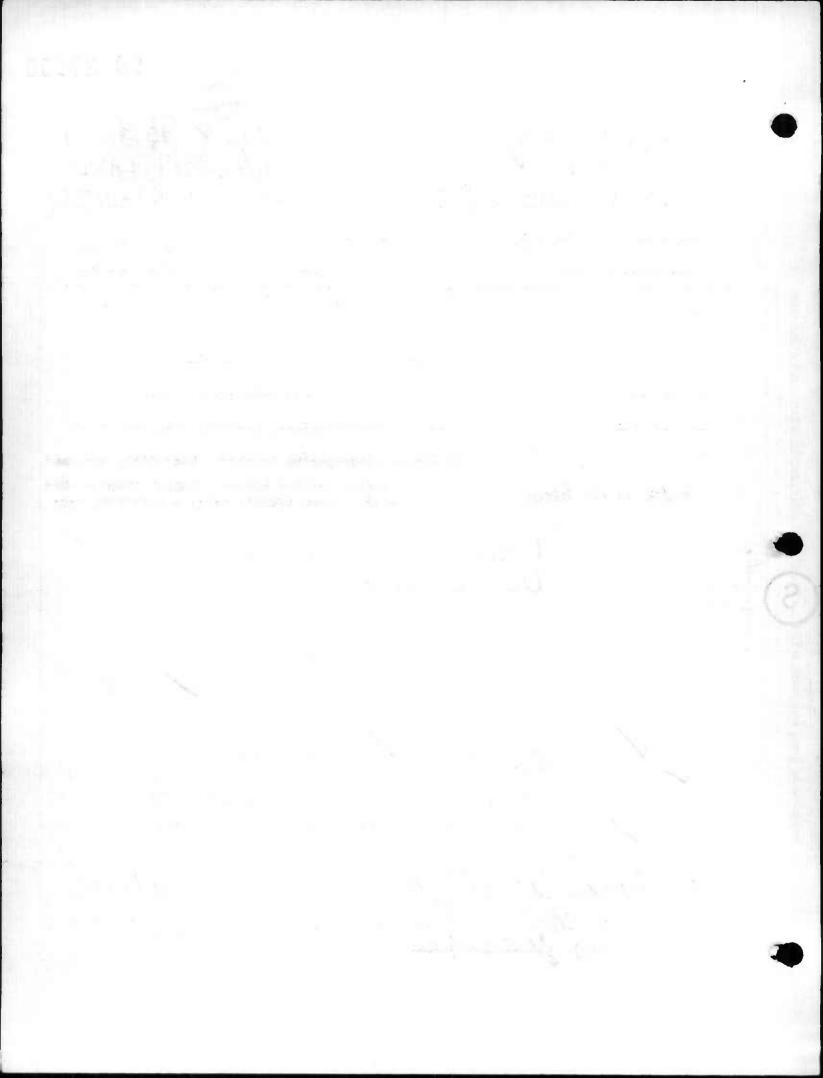
	REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last)		-		2. DATE OF DEATH		3. TIME OF DEATH
1	Henry Marshall Noakes				MONTH DA		
		rs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Foreign
	216-28-2743 IMM2DF 57		NTHS DAYS	HOURS MIN.	(Month, Day, Year)	Con	IRRYLAND
- 1	9a. FACILITY NAME (If not institution, give street and number)	91	CITY, TOWN O	R LOCATION OF DE		9c. COUNTY OF	111111111111111111111111111111111111111
E C	1843 JOHN DRIVE	E	dyewor	d. MD	•	HAR	FORD
DIRECTOR	RESIDENCE OF DECEDENT						T
2	10e. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCAT	E.			10d. INSIDE CITY LIMITS?
0	MD. HARFORD		Edge	Sara			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1843 JOHN DRIVE			ZIP CODE			S.A.
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S				IC ORIGIN? (Specify Yes	or No- 14. R	ACE — American Indien, lack, White, etc.
BY F	1 Never Married 2 Merried   FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	R MO		2 NO Specify	n, Puerto Rican, etc.)	S	eck, white, etc.
8	15. DECEOENT'S EDUCATION 16	e. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUSTRY	1
E	(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life, Do NOT use n	done during mo: itired.)	it of working	-	\ - I	- 14
7		GAURI			Emory	y - WOR	ro-Mige
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	- :		18. MOTHER'S NAI	ME (First, Middle, Melden	Surneme)	
Ö	FRANK NOAKES			HENR	ETTA T	HOMP:	SON
BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street e.	nd Number or Rural F	Toute Number, City or Tow		
임	AGNES A. MATHEWS	1843	JOHN	DRIVE	Edgeno	od, Mo.	21040
	20e, METHOD OF DISPOSITION 20b. PL	ACE OF DISPOSITI	ON (Name of can	netery, cremetory or	20c. LO	CATION — City of	Town, State
		HANEY V	ALLEY	MEMCRIAL	GARDEN T	IMONI	UM. MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22. NAME AN	D ADDRESS OF FA			C HARFORDRO
	( W) 1.1.0 ( w) )		Ev.	-Ch-no	L. C. Memne	NES D.	cville Mo 21234
	HOST CLOSED FOR					-	
	23. PART I. Enter the diseases, or complications that ceused the shock, or heert fellure. List only one ceuse on each IMMEDIATE CAUSE (Fins)	line.					Approximets Interval Between Onset and Death
	immediate Cause (Final disease or condition resulting in death)	) chung	rw. Ih	. VV. Les	brig han	41 ) se	Bylans
	DUE TO (OR AS A CO	ONSEQUENCE OF):					1
Z	Sequentially list conditions,						
CERTIFICATION	If any, leading to immediate	ONSEQUENCE OF):					
2	CAUSE (Disease or Injury that inhibited many in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the	NATOUT AD					
E	that initiated events resulting in deeth) LAST	ONSECUENCE OF):					j
E	d						
	PART II. Other significent conditions contributing to death but	not resulting in	the underlying	cause given in			24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL					PERFO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
0					1 YES 2	Z   NO	OF DEATH?
Σ					-		1 YES 2 NO
Z							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	To	26, PL THER:	ACE OF DEATH (Ch	eck only one)		
S	1 Tes 2 NO 1 Inpetient 2 ER/Outpetle	ent 3 🗆 DOA   4	☐ Nursing Hom	e 6 Reeldence	6 Other (Specify)		
F	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (		URY AT	28d. DEŞCRIBE HOW	INJURY OCCURE	
ВУ	1 Natural 5 Pending 2 Accident Investigation		M 1 🗆	rES 2 NO			
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — building, etc. (Specify)		et, factory, offic	•	28f. LOCATION (Street City or Town, State		ral Route Number,
里	4 Homicide determined				Oly or rown, olaro,	,	
H	290. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowled	ge, death occurred	at the time date	and place, and due	to the cause/s) and me	Oner as stated	
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the best of examination e						se(e) and manner as atated.
	0 1 101	-					
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c, LICENSE NUI	MBER 3272	29d. DATE SIG	NED (Month, Day, Year)
0	garno gar-			ידנו	16	10-	1-10
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH  DR. ROBERT STONER	12.0	SISTER	Pierre	DR. Tows	SON MA	21204
	31. DATE FILED (Month, Day, Your) 1990 32. REASTARY SIGNAT	IDE 10 A					
	OCT 1 2 1990 Julie Davids	-A_/kanda B	AT				



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	- Annual

1	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		IENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Las SZVFRA 4. SOCIAL SECURITY NUMBER	NEWM	In yre last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH  7. DATE OF BIRTH	7 9	SIRTHPLACE (State or Foreign
- 1	577-62-082 90. FACILITY NAME (II not institution, given the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr	a street and number) of G	2 yas.	9b, CITY, TOWN C	HOURS MIN.	(Month) Day, Year	1	COUNTY OF DEATH
	RESIDENCE OF DECEDENT 100. STATE 10b. COU		ington	Y, TOWN OR LOCAT	TION	10d. INSIDE CITY		
AL DI	10e. STREET AND NUMBER	ontgomery	Rockvill	ZP CODE			1 YES 2 NO	
	6121 Montrose Ro	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuben, Mexican		ted States  RACE — American Indian, Black, White, atc.	
	3XXWIdowed 4 Divorced  15. DECEDENT'S E (Specify only highest gri		18e. DECEDENT'S	USUAL OCCUPATIO		18b. KIND OF B	USINESS/INDUS	Specify: White
COMPLE	Elementary/Secondary (0-12) 8 years	College (1-4 or 5+)	Ilfe. Do NOT u	chant	at of working	Clot	hing	- v
ų L	17. FATHER'S NAME (First, Middle, Last) Asher Moer				Yita	(unascert	ainabl	
٥	190. INFORMANT'S NAME (Type/Print)  Arthur Moer  208. METHOD OF DISPOSITION		12039	Devilwo	ood Drive	, Potomac	, Mary	alnd 20854
	1X Burlel 2 Cremetton 3 R. 4 Donetton 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	nai Isra	DONALI	regation  NO ADDRESS OF FAC	Cemetery HEBREW M	Oxon MEMORIA	y or Town, State Hill, Marylar L FUNERAL HOM HINGTON, D.C.
IFICATION	23. PART I. Enter the dieaeses, c shock, or heart felium immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DIABE DUE TO (OR AS A DUE TO (OR AS A		10N	ELLI		piratory sirve	t, Approximata interval Batwe Onset and Dat
: MEDICAL	PART II. Other eignificant condit	ions contributing to death b	ut not resulting	In the underlyin	g cause given in i		ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
띯	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 DANO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF OEATH (Che			
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
ETED B	3 Suicide 8 Could not determined		— At home, farm,	street, factory, offic	:0	281. LOCATION (Stree City or Town, Stell		Rural Route Number,
COMPLE	onel	YSICIAN: To the best of my know INER: On the basis of examination						
O BE	30. NAME AND ADDRESS OF PERSON	Carral	ATH (ITME 27) (Type	a. Prini)	D38	392 11TPN	29d. DATE S	POCKINI
	31. DATE FILED (Morith, Day, Year)  OCT 1 2 1990	The Davidson	Andell	1. 1010	5 110	N 11 00		, NOCKVILL

DHMH-16 Rev 1/89



as the burial-transit permit. Pages 1, 2, 3 should nding physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- frouts after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

BALTIMORE, MARY

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILED (Month,

2 1990

	o, Last)						2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
	Bertha		ichols	on			10		990	М
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1 YEAR	HOURS 1	4 HRS.	7. DATE OF BIRTH (Month, Day, You	7)	8. BIRTHI Country	PLACE (State or Foreign
239 24 9036	1 □ M 2 1/2 F	77	YRS.				3-2-19	13	Nor	th Carolina
9e. FACILITY NAME (If not institution				9b. CITY, TOWN	DR LOCATIO	N OF DE	ATH	9c. COU	INTY OF DI	EATH
	314 Audrey Avenue							An	ne A	rundel
	COUNTY		10c. CIT	Y, TOWN DR LOCA	TION					10d. INSIDE CITY
Maryland A	nne Arundel		P	altimore					- 4	LIMITS?
10e. STREET AND NUMBER	ance in unaci				1. ZIP CODE			10g. CIT	IZEN OF W	THAT COUNTRY?
314 Audrey	Aveoue				2122	25			U.S.	λ
11. MARITAL STATUS	12. WAS DECEDE				CENDENT OF	HISPAN	C DRIGIN? (Specif			— American Indian, , While, atc.
1 Never Merried 2 Merri		1 ☐ YES 2] WAR DR DATES	<b>∑</b> ND		pecify Cuben, 3 2 🔀 ND		, Puerto Rican, etc	.)	Specif	ly:
3 X Widowed 4 Divorced										White
15. DECEDEN (Specify only high	T'S EDUCATION est grade completed)	16a.	(Give kind of	USUAL OCCUPATI	DN ost of working	,	16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 5th Grade	College (1-4 or 5	+)	House				Llomo	Maker		
17. FATHER'S NAME (First, Middle,	( and )		110use	MITE	I 40				-	
	eph Prevet	te				ers NAM	ME (First, Middle, Me Glass	iden Surname)		
19a. INFORMANT'S NAME (Type/Pr	-	1	105 84811 (847	ADDRESS (Stand			oute Number, City of	Town District	in Cords)	
Bobby Lee Ba	,						Ltimore,			21225
20a. METHOD OF DISPOSITION		20h. Pl.A		SITION (Name of or				LOCATION -		
1 Burial 2 Cremation 3 4 Donation 5 Other (Spec		othe	r place)	11 Cemet		nory or				
21. SIGNATURE OF FUNERAL SER			ACL III			S DF FAC				Maryland
Decomo.	Znamu	· · · · ·	-				nce Fune			
	//									d. 21225
23. PART I. Enter the disease shock, or heert	és, or complications th lellure. List only one ca	at ceused the use on each i	desth. Do	not enter the m	oda of dyln	ig, such	as cardiac or r	espiratory a	rrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel										Onset and Death
disease or condition resulting in death)					AC	WE	TASTAS	EZ .		12 MONTHS
	DUE TO	O (DR AS A CON	SEQUENCE O	F):						
Sequentielly list conditions,	b. DUE TO	O (DR AS A CON	SEQUENCE O	n.						-
if any, leading to immediate cause. Enter UNDERLYING		(0.1.10)								
CAUSE (Disease or injury that initiated events	C. DUE TO	O (DR AS A CON	SEQUENCE D	F):						
resulting in death) LAST										
										<u> </u>
PART II. Other algnificent co							DE	S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	N DEPEND	ENI	DIAN	ETES	JELL	ITU	5 · 1 □ YI	8 2 NO		OF DEATH?
NON INSULI							_			1 TES 2 NO
				26.5	LACE OF DE	ATH (Ch	ock only one)			
NON INSULI							Class Co.			
25. WAS CASE REFERRED TO MEI EXAMINER? 1   YES 2   NO	HOSPITAL:			OTHER:		sidence				
25. WAS CASE REFERRED TO MEI EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL: 1   Inpatient 2 26a. DATE 0		28b. T#	OTHER: 4 Nursing Ho HE OF 28c. IN UURY	JURY AT ORK?		6 Other (Specify 28d. DESCRIBE H		CCURED	
25. WAS CASE REFERRED TO MEI EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendl 2 Accident Invest	HOSPITAL: 1 Inpetient 2  26a. DATE C (Month,	F INJURY Day, Year)	28b. T#	OTHER: 4   Nursing Ho  ME OF JURY   28c. IN   W   1	JURY AT ORK? YES 2		26d. DESCRIBE H	OW INJURY O		
25. WAS CASE REFERRED TO MEI EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendl 2  Accident Invest 3 Suicide 5 Coulc	HOSPITAL: 1 Inpatient 2  26a. DATE C (Month, legation  28a. PLACE	F INJURY Day, Year)	28b. T#	OTHER: 4 Nursing Ho HE OF 28c. IN UURY	JURY AT ORK? YES 2			OW INJURY O		Route Number,
25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pendl Invest 2 Accident 3 Suicide 5 Couk 4 Homicide	HOSPITAL: 1   Inpatient 2  26a. DATE C (Month, ingligation)  28a. PLACE building	F INJURY Day, Year)	28b. T#	OTHER: 4   Nursing Ho  ME OF JURY   28c. IN   W   1	JURY AT ORK? YES 2		26d. DESCRIBE H	OW INJURY O		Route Number,
25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 5 Coule 4 Homicide 5 Coule (Check only 1 CERTIFYIN	HOSPITAL: 1   Inpetient 2  26a. DATE C (Month, Item 1	F INJURY Day, Year)  DF INJURY — All stc. (Specify)	28b. Till IN I home, ferm,	OTHER: 4 Nursing Ho HE OF 28c. IN JURY M 1  street, factory, offi	JURY AT ORK? YES 2  ce	ND and due	281. LOCATION (S City or Town,	ow INJURY Of treet and Numbi State)	er or Rural F	
25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 5 Coule 4 Homicide 5 Coule (Check only 1 CERTIFYIN	HOSPITAL: 1   Inpetient 2  26a. DATE C (Month, Illigation I not be milled  28e. PLACE building	F INJURY Day, Year)  DF INJURY — All stc. (Specify)	28b. Till IN I home, ferm,	OTHER: 4 Nursing Ho HE OF 28c. IN JURY M 1  street, factory, offi	JURY AT ORK? YES 2  ce	ND and due	281. LOCATION (S City or Town,	ow INJURY Of treet and Numbi State)	er or Rural F	
25. WAS CASE REFERRED TO MEI EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pend 2 Accident Invest 3 Suicide 5 Coulc 4 Homicide 5 Coulc 29e. CERTIFIER (Check only 1 CERTIFYIN	HOSPITAL: 1   inpetient 2 26a. DATE C (Month, ingligetion 28a. PLACE building 28a. PLACE building 28a. PLACE building	F INJURY Day, Year)  DF INJURY — All stc. (Specify)	28b. Tiff IN I home, farm, , death occur i/or investigati	OTHER: 4 Nursing Ho BE OF 28c. IN JURY M 1 Street, factory, offi red at the time, dat on, in my opinion,	JURY AT ORK? YES 2  ce	ND and due	28d, DESCRIBE H  28f. LOCATION (S City or Town, 1  to the cause(e) end time, date and place	OW INJURY Of treat and Number and Number and Number and Number and Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial Industrial	er or Rural F	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

K.S.DHARMASENA, M.D. 710 CHURCH

92. REGISTRAR'S SIGNAT

SIGNATURE LOON PANDAME

DHMH-15 Rev 1/89

BALTIMORE, MD212

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nouns after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be decideded		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.	
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AC.	HE.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	Ea	
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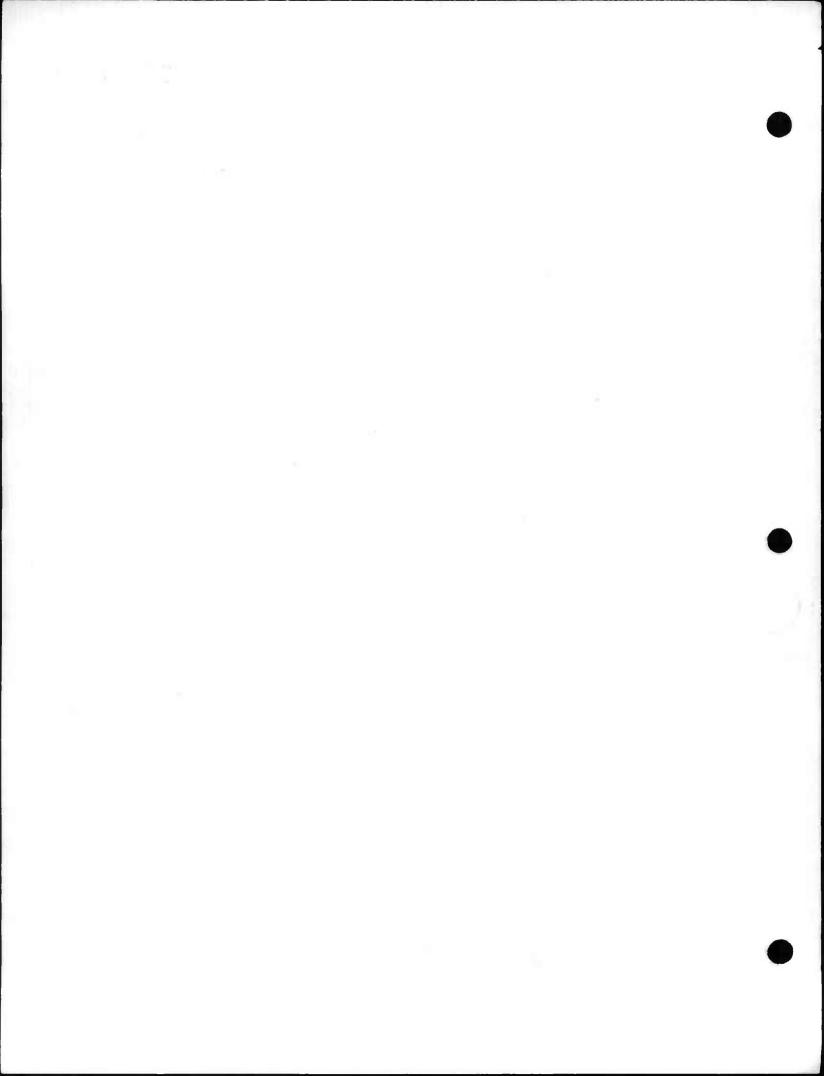
transit permit, Pages 1, 2, 3 should

	DECEDENT'S NAME (First,	Middle, Last)							2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
			Joyce	E. Ob	реу				10-			990	
	212-34-1149		5. SEX		s. last birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	(Monti	DF BIRTH	14	8. BIRTI Count	HPLACE (State or Foreign
_			1 M 2 X F	54	YRS.					23-19	36		Ill
	. FACILITY NAME (# not ins 3620 Waba	sh Ave					time	OR LOCATION OF DI	EATH		9c. COU	NTY OF C	DEATH
1	STATE	10b. COUNT	Y		10c, CI	TY, TOWN O	R LOCA	TION					10d. INSIDE CITY
,	Md				Ba	altim	ore						LIMITS?
10e	STREET AND NUMBER							I. ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?
	3620 Wab	ash Av	enue					21215				11 9	S A
11.	MARITAL STATUS		12. WAS DECEDE	NT EVER IN U.S	. ARMED			ENDENT OF HISPAI			or No—	14. RAC	E — American Indian.
_	Never Married 2			1 YES 2				ecity Cuban, Mexica 2 NO Specif		Rican, etc.)		Spec	
3 [	☐ Widowed 4 🖾 Divor	rced						~					Black
		EDENT'S EDU y highest grade		164	Give kind of	work done o		ON oat of working	16b	KIND OF BU	SINESS/IND	USTRY	
	Elementary/Secondary (0-	1-12)	College (1-4 or 8	+)	ille. Do NOT u	ise retired.)							
							_						
	FATHER'S NAME (First, Mit Roland D. V		011					16. MOTHER'S NA			Sumame)		
	I. INFORMANT'S NAME (7)		еу					Mildre					
	Jai Elyn C.		,					and Number or Rural				-	
-	METHOD OF DISPOSITI			1			_	Avenue	Balt				
16	A Burlel 2 - Cremetlo	n 3 🔲 Rem	oval from State	oth	er place)	Ollans.		netery, cremetory or all Cemete			CATION —		
-	Donation 5 Other	(Signicity) 3		_	New	Lath	eara	I amata	WV	I Ral	timor	9	Md
	SHIGH AT LIBER ON JUNETRAL	L berryice in	THREE							1.000	LIMOI	-	
21.	SIGNATURE OF EUNERAL	r penvice for		0			NAME A	NO ADDRESS OF FA	CILITY	1 5.01	1.11111111	,	
	3. PART I. Enter the di	Isoesea, 9	3. Cu	at caused the	e death. Do	22.	NAME A Ma 43	no address of fa Irch F/H 800 Waba	West Sh A	venue			Approximate
23 iM di	3. PART I. Enter the di	iseesea, gr	complications the Liet only one ca	use on eech	e death. Do line.	not enter	Ma Ma 43	no address of fa Irch F/H 800 Waba	West Sh A	venue			
23 iM dispersion	3. PART I. Enter the di shock, or he IMEDIATE CAUSE (Fin sease or condition	isoeses, or eart failure.	a. Mey  DUE TO  DUE TO  C	as fat	e death, Do line.  L. B. B. B. B. B. B. B. B. B. B. B. B. B.	not enter  PACOF):	Ma Ma 43	NO ADDRESS OF FA LYCH F/H 800 Waba ode of dying, suc	West Sh A	venue			Approximate interval Betwee Onset and Dec
233 iM dia re:	3. PART I. Enter the di shock, or he IMEDIATE CAUSE (Fin sease or condition suitling in death)  equentially list condition any, leading to immediate. Enter UNDERLY! AUSE (Disease or injuited initiated events	iscesses, or eart failure. eart failure. lions, diate ing irry	a. Mey  DUE TO  DUE TO  DUE TO  d.	O (DR AS A CO)	e death. Do line.  NSEQUENCE (	not enter	NAME AI MA 43 the mo	NO ADDRESS OF FA	CILITY West Sh A	venue	AUTOPSY	rest,	Approximate Interval Betwee Onset and Dec 9 Mon 1
23 iM dia re: Se if ca C/ th	a. PART T. Enter the dishock, or he MEDIATE CAUSE (Fin sease or condition suiting in death)  equentially list condition, is and the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence o	iscesses, or eart failure. eart failure. lions, diate ing irry	a. Mey  DUE TO  DUE TO  DUE TO  d.	O (DR AS A CO)	e death. Do line.  NSEQUENCE (	not enter	NAME AI MA 43 the mo	NO ADDRESS OF FA	CILITY West Sh A	Venue fine or resp fine or resp fine or resp fine or resp fine or resp fine or resp fine or resp	AUTOPSY	rest,	Approximate Interval Betwee Onset and Dec 9 Mo.,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2 DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTME			MENTAL HYGIE		- Second		
	1. DECEOENT'S NAME (First, Middle, Last)	242	0 01	7		2. DATE OF DEATH			TIME OF OEATN	
	Max Olds	aurtel MAry	C. 01	dewur	tel	MONTH		AR O	6:15 PM	
		. SEX 8. AGE (In yrs. last	birthday) IF U	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTNPLA	CE (State or Foreign	
	1	□ M 2 💀 F 4.7	YRS. MONT	HS DAYS	HOURS MIN.	Sept. 5,	1943 N	Country)	land	
	9a. FACILITY NAME (If not institution, give stree	t and number)	9b. 0	O NWOT, TOWN O	R LOCATION OF OE		9c. COUNTY			
E	Francis Scott	Key Hospital		В	Altimor	6				
8	RESIDENCE OF DECEDENT	Key Hoopital								
E	Md BA1	timore	10c. CITY, TOV	or Locati				100	I. INSIGE CITY LIMITS?	
₫		CIMOIC		JUICI	MOIC			1[	YES 2 NO	
Z I	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN		COUNTRY?	
FUNERAL DIRECTOR	305 Elrino Str	eet			21224			ISA		
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ВУ	1 Never Married 2 Married  3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify			Specify:	hite	
		7011				1 200 200 200			ni ce	
	15. DECEDENT'S EDUCAT (Specify only highest grade con	mpleted) (Gi	CEDENT'S USUA ive kind of work do Do NOT use retin	one during mos		16b, KINO OF E	USINESS/INDUS	TRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		•						
COMPLETED			Booke	seber						
8	17. FATHER'S NAME (First, Middle, Last)						(First, Middle, Malden Surname)			
BE	Louis B. Olde					e Dobsc				
2	19a. INFORMANT'S NAME (Type/Print)					loute Number, City or 1			224	
	Louis B. Oldew					eet Bal				
	1 💢 Burial 2 □ Cremation 3 □ Remove	other place	OF OISPOSITION	Name of cen	metery, cremetory or		location — chy altimo			
	4 Donation 5 Other (Specify)		TA HI.		D ADDRESS OF FAC		artimo	re.	Ma.	
	11 XV Cery	Jelly 1	{				-200M7	~ ~ 7	21227	
	Connelly tu	netal Mos	ue)	Conn	erryrun	eralhon	esouna	cea	ve.21221	
	23. PART I. Enter the diseases, or cor			nter the mo	de of dying, suci	as cerdiec or re	piratory errest	,	Approximata	
	IMMEDIATE CAUSE (Final	at only one cause on each line							interval Between Onset and Death	
	disease or condition resulting in death)	SEVERE	CON	ONA	24 01	SEASS				
	DUE TO (OR AS A CONSEQUENCE OF):									
z		SEVENE	MET	ABO	LIC A	CIDOS/	5			
2	Sequentially inst conditions,  DUE TO (OR AS A CONSEQUENCE OF):									
S	CAUSE (Disease or Injury									
E	that initieted events	DUE TO (OR AS A CONSEC	DUENCE OF):							
CERTIFICATION	resulting in death) LAST									
	PART ii. Other significant conditions	contributing to death but not r	resulting in the	e underlying	cause given in	Part i. 24a. WAS	AN AUTOPSY	24b. WE	RE AUTOPSY FINOINGS	
CAL							ORMED?		MILABLE PRIOR TO MPLETION OF CAUSE	
						1 U YES	2 NO		DEATH?	
Σ						_		111	YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATN (Ch	ack only one)				
O	EXAMINER?	HOSPITAL:		HER:						
1YS	1 VES 2 NO 1	Inpatiant 2 ER/Outpatient 3 26e. DATE OF INJURY	26b. TIME OF	Nursing Nom 28c. INJ		a Other (Specify)  26d. OESCRIBE NO	A IN ILIBA OCCITI	en.		
	1 Netural 5 Pending	(Month, Day, Year)	INJURY	wo	RK?	288. OESCHIBE NO	W INJUNT OCCUP	ieu		
BY	2 Accident Investigation	28. BLACE OF INTERPT ALL		1		044 1 00471011 /01-	at and Mumber as	Donal David	Atumbas	
8	3 Suicide 6 Could not be 4 Nomicide determined	25e. PLACE OF INJURY — At he building, atc. (Specify)	erre, varm, atreet,	, sactory, ome	·	261. LOCATION (Stre City or Town, St		HURI HOUR	Numoer,	
ET				-				<u>.</u>		
19	29a. CERTIFIER (Check only one) CERTIFYING PHYSICIA	AN: To the best of my knowledge, de	the time, date	and place, and dua	to the cause(a) and	nanner as stated.				
29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due								ause(s) ar	d manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	ABER	29d. DATE S	IGNED (M	origh, Day, Year)	
0	C Mon	NN2			D 252	03	1 /0	////	90	
5	30. NAME AND AGORESS OF PERSON WHO	COMPLETEO CAUSE OF OEATH (ITE					- Page	1		
	C. MORROW MB, F.S. KEY SMERG DEPT. BALTO MB.									
	31. DATE FILED (Month, Day, 1687)	THE DAVIDSON - NO	ndelle.			,				



ASKI, BERKARD Hist permit. Pages 1.2. 3 should

BALTIMORE, MARYLAN

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is mous after death. Page 6 may be retained by the him of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

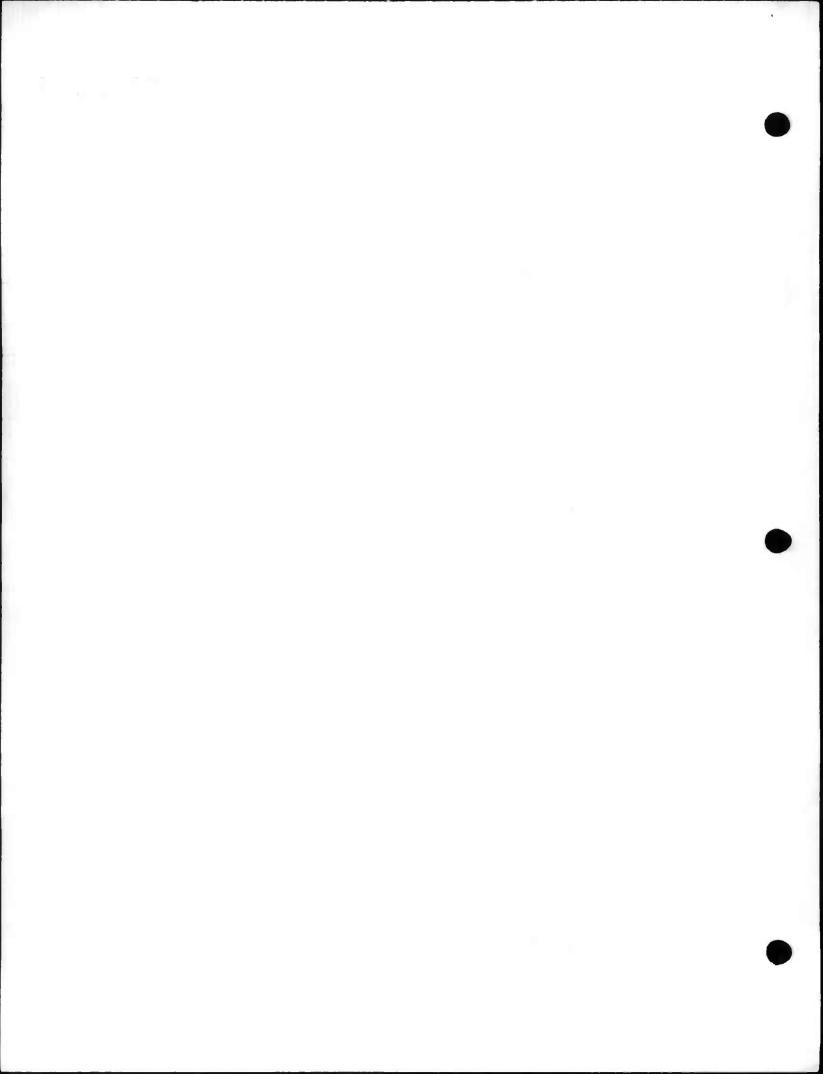
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR	STATE OF MARYLA	ND / DEPAR	TMENT OF I	IEALTH AND M	ENTAL HYGIENI	90	27904	
į	1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Lest) BERNARD	Bernard Ste	CERTIF	CATE OF	DEATH	REG. NO.  2. DATE OF DEATH MONTH DA		3. TIME OF OEATH 8:25 a.m.	
	4. SOCIAL SECURITY NUMBER 2/7-05-4/04		yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. OATE OF BIRTH			
og B	98. FACILITY NAME (If not institution, give street JOHNS HOPKINS H				OR LOCATION OF OEA	тн	9c. COUNTY OF OEATH BALTIMORE		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	y, TOWN OR LOCA  Baltin	ore (ity			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER  334 Elvino Stre	et		10	2/224			OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Merried Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify:			or No- 14.	RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of the Do NOT us	USUAL OCCUPATI work done during m to retired.)	ON ost of working		b. KIND OF BUSINESS/INDUSTRY Bethlehem Steel Corp.		
BE CON	17. FATHER'S NAME (First, Middle, Last)  Jonaci Pawloski					E (First, Middle, Maiden Lela Novak			
10	Robert N. Pawlooki 1412			ADDRESS (Street	ta Drive	Joppa, Md	n, State, Zip Coo	5	
	20a. METHOD ON DISPOSITION Burial 2 Correlation 3 Ramo Donation 5 Other (Specify)			reen Mou	nt (emete	ry Ba	ltimon		
	21. SIGNATURE OF FUNERAL SERVICE LICE	b. Sule	~	Char	Les S. Ze	eiler & So	n Inc.	6224 Eastern Ave.	
	IMMEDIATE CAUSE (Finel	omplications that caused lat only one cause on ea	ch line.			ee cerdiec or reepi	ratory arrest	Approximate Interval Between Onset and Death	
ATION	Sequentially list conditions, if eny, laading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	f):					
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions	In the underlyle	ng cause given in F	Part I. 24a. WAS AN PERFOF	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	stient 2 DOA	OTHER:	PLACE OF DEATH (Che				
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Morith, Day, Year)	26b, TIA	NE OF 26c. In	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCUR	EO	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datermined	26e. PLACE OF INJURY building, atc. (Speci	— At home, term,	street, factory, off	Ce	2af. LOCATION (Street City or Town, State)		Rural Poute Number,	
COMPLETED	anal anal	CIAN: To the best of my knowledge. On the basis of examination						ouse(a) and manner se stated.	
BE	296. SIDALOGIE AND TITCE OF CERTIFIER	5	MD	-	HO S	38	29d. DATE S	IGNEO (Month Day, Year)	
2	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	17 (17 EM 27) (17)	. Pript)	2 _ Aras	A Robo	line p	DEIZOS	
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNA	handell	V	ath -				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detailing a set of within 79 hours after death with the State Dent of Health and Mental Hodiele prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	TE OF MARYLAND C	DEPARTM ERTIFICA			MENT	AL HYGIENE REG. NO.	9	U	2/905
ì	1. DECEDENT'S NAME (First, Middle, Lest)  LOTTIE C PAGE					MON			AR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. ia	st birthdey) IF t	INDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	OBER 7.	1990		CE (State or Foreign
i	087-16-9608D 1□M	2XXF 101	YRS. MON	THS DAYS	HOURS MIN.	03-	09 - 188	39	Country)	VA.
	9a. FACILITY NAME (If not institution, give street and n		96.	CITY, TOWN	R LOCATION OF	DEATH		9c. COUNTY		
5	THE JOHNS HOPKINS HOS	PITAL	В	ALTIMO	RE			BALTIM	IORE	CITY
2	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION				10d	I. INSIDE CITY
5	MD		BALT		E, CIT	Υ				YES 2 NO
FUAL	2104 BRYANT AVE	•			21217			USA		
וסו ומ	1 Never Married 2 Married FOR	FORCES? 1 YES 2 NO				13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yea or No— If yea, specify Cuben, Maxican, Puerto Rican, atc.)  1 — YES 2 VNO Specify:  Spec				
בובה		(Specify only highest grade completed) (Give II				ENT'S USUAL OCCUPATION 16b. KIND OF BU Ind of work done during most of working NOT use retined.)				BLACK
2	8th		EAMSTR	ESS			PAGE	CLEAN	ERS	
5	17. FATHER'S NAME (First, Middle, Last) ROBERT PLEASANT				16. MOTHER'S		I, Middle, Maiden S PLEASA			
2	19a. INFORMANT'S NAME (Type/Print) Mabel Redd	1			nd Number or Run					1. 21217
	20e, METHOD OF DISPOSITION 1 (A Burlal 2 Cremetion 3 Removal from 4 Donation 6 Other (Specify)	n State A R B	e of disposition	N (Name of ce	netery, crematory of AL PAR	Κ̈́Κ		UTUS		
- 1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			22. NAME A	D ADDRESS OF	FACILITY				
	> Gladys 1	Dane								TH AVE.
	23. PART I. Enter the disease, or complice shock, or heart fellure. List onlimmeDIATE CAUSE (Final	y one cause on each lin		enter the mo	de of dying, se	uch es Co	erdiec or respi	ratory srreat		Approximate interval Between Onset and Death
	disease or condition resulting in deeth)	SEPSIS DUE TO (OR AS A CONSI	EQUENCE OD.	_						16 days
NO.	Sequentielly list conditions, If sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE OF):							
	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EOUENCE OF):							
2	d									
2	PART II. Other significant conditions contri				4		24a. WAS AN PERFOR		AM	RE AUTOPSY FINDINGS MLABLE PRIOR TO
MEDIC	CAO, HTN, CHF -			disease	, hype	Y-	1 _ YES 2	Muo	OF	MPLETION DF CAUSE DEATH?
	101151010, 0011900	fire hearth of	active	)					1(	YES 2 NO
PH TSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH	Check only	one)			
	1 DYES 2 NO 1 NO	PITAL: patient 2 - ER/Outpatient		THER:  Nursing Hor	ne 6 🗆 Rasideno	a 6 🗆 O	ther (Specify)			
- 1	1 Natural 5 Pending	Be. DATE OF INJURY (Month, Day, Year)	28b. TIME OI INJURY	W	JURY AT DRK? YES 2 NO	26d. (	DEŞCRIBE HOW II	NJURY OCCUR	ED	
ا د	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office city or fown. Stete)								e Number,	
COMPLEIE	29a. CERTIFIER (Check only one) 2								ause(s) sn	nd manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  Edward B. McMille	a Oslea	TUTE	2~	72059	NUMBER		29d. DATE 8	U7	onth, Day, Year)
=	30. NAME AND ADDRESS OF PERSON WHO COMPE				MO	21	205			
	31. DATE FILED (Morith, Dey, Year)	REGISTER SIGNATURE	ndese	2		,,,				
	1101161330 11	•								



BALTIMORE, MARYLA

the burist-transit permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT O		NTAL HYGIENE REG. NO.		,		
1. DECEOENT'S NAME (First, Middle, Last) Percy, vary V.	Mary Vinc	ent Percy	2	DATE OF OEATH DAY	YEAR	3. TIME OF OEATH		
4. SOCIAL SECURITY NUMBER 216-03-3226	5. SEX 6. AGE		AR IF UNDER 24 HRS. 7. YS HOURS MIN.	DATE OF BIRTH (Month, Day, Year)	Cou	THPLACE (State or Foreign intry)		
9a. FACILITY NAME (If not institution, give	street and number)	9ь. Сіту, то	WN OR LOCATION OF DEAT		9c. COUNTY OF			
Stella Maris 230	00 Dulaneu Va	lley Rd. Tows	on, Marylan	d	Balti	more		
10a. STATE 10b. COUNT		10c. CITY, TOWN OR I	OCATION			10d. INSIDE CITY LIMITS?		
Maryland 10e, STREET AND NUMBER	Baltimore	Towson	101, ZIP CODE		10a CITIZEN O	1 TYES 2 THO		
2300 Dulaney Val	lev Rd.		21204		USA			
11. MARITAL STATUS 1 Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO If ye						
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. OECEOENT'S USUAL OCCU	PATION og most of working	166. KINO OF BUSI	INESS/INDUSTRY			
Elementary/Secondary (0-12) 10 Years	College (1-4 or 5+)	Bookeepe			Oil CO.			
17. FATHER'S NAME (First, Middle, Lest)				(First, Middle, Melden S	Surname)			
Robert T. Percy  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (S		IMa C. Fogarty or Rural Route Number, City or Town, State, Zip Code) 21228				
Margaret P. Carv								
20s. METHOD OF DISPOSITION 1 V Burist 2 Cremation 3 Rem	noval from State	b. PLACE OF DISPOSITION (Name other place)	of cemetery, cremetory or	20c. LOC	ATION — City or	Town, State		
1 V Burist 2 Cremation 3 Read 4 Donation 5 Other (Specify)  21. SIGNATURE OF PUNERAL SERVICE								
00	uriside. Jr.		tchell-Wied 500 York Rd.	efeld Hom Baltimo	e, Inc. re. Md.	21212		
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Pneumonia OUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):						
PART II. Other algnificent condition	one contributing to deeth	but not recuiting in the unde	riying ceuse given in Pa			24b. WERE AUTOPSY FINDING		
				PERFOR  1 YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check	only one)				
1 TES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou		Homa 5 🗆 Residence 8	Other (Specify)				
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation		INJURY M	WORK?	ed, DEŞCRIBE HOW II	NURY OCCURED			
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUF building, etc. (Sp	tY — At home, farm, street, factory ecily)	, office 2	81. LOCATION (Street a City or Town, State)	ind Number or Rui	ral Route Number,		
(Crisca Orny		wiedge, death occurred at the time				se(s) and manner as stated		
296. SIGNATURE AND TITLE OF GENTIFE	3	-uz	29c. LICENSE NUMB	ER	29d. DATE SIGN	HED (Month, Day, Year)		
30, NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF D		21204					
Dr. E. Toakohi  31. DATE FIRMONIA Deputs of	PEGETRAN'S SIG							

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31. DATE FILEO (Month, Day, Year)

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Pages 1, 2, 3 should

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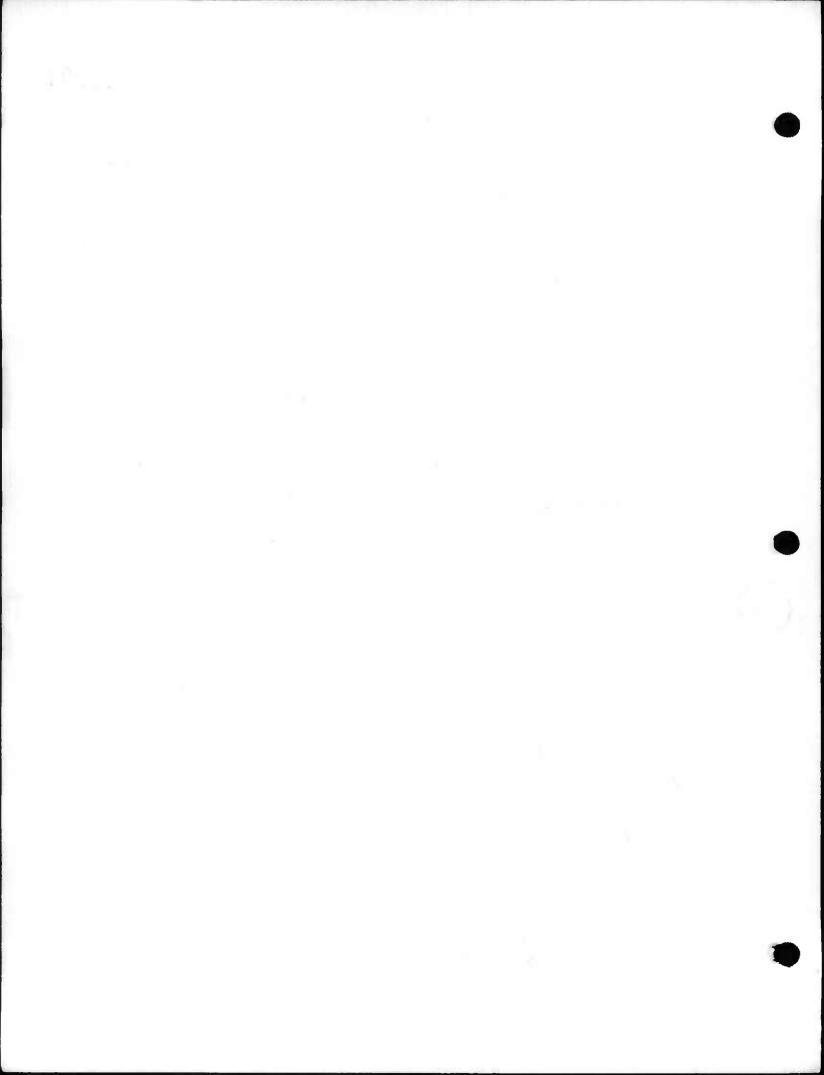
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DIVISION OF VITAL RECORDS, P.O. PON	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death performance	THE FUNERAL DIRECTOR: After this certificate has been signed by the atternor filed within 72 hours after death with the State Dept. of Health and Mental Hyper prior is
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF OEATH Gloster Hulliam 2107 10 A SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 68 DAYS HOURS 1 M 2 D F 215-16-1998 4 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Baltimore, County General Baltimore 10b. COUNTY 10d. INSIDE CITY LIMITS? 10e. STATE 10c. CITY, TOWN OR LOCATION Baltimore Md 1 YES 2 V NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3761 Columbus Drive 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried Specify: **Black** BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete Elementary/Secondary (0-12) Coffege (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First Middle Maiden Surname) ie Clarence Pulliam Minnie Young notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Bouta Number City or Town, State, Zio Code) 2 Columbus Drive, Inda Pulliam Ralto MD 9 20c. LOCATION — City or Town, State 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or must 1 Description 5 Other Condition Garrison Forest V.A. Cemetery
22. NAME AND ADDRESS OF FACILITY LOwings Mills MD examiner 21. SIGNATURE OF EUNERAL SERVICE LICENSEE March F/H West 3. 23. PART 1. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, medical **Approximate** shock, or heert feliure. List only one cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Fine) the disease or condition Cardiogenic Shock Congretive heart fully event. resulting in death) CERTIFICATION Sepsia.

DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate Diabetes Mellitus
DUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 6 23 shows any Injury, PART ii. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO metabolic devangements COMPLETION OF CAUSE 1 - YES 2 NO OF DEATH? Acute renal failure 1 TYES 2 NO Asbestosis PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem HOSPITAL OTHER: 1 YES 2 NO ent 2 ER/Outpatient 3 DOA ing Home 5 - Residence 8 - Other (Specify) marked, or 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d OESCRIBE HOW INJURY OCCURED Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined IMPORTANT: If Item 28 is COMPLETED 4 Homicide 1 📝 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 40 Karen Thentmo 10/9 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KAREN TRENT BALTO. WD. 2120 AMBASSADOR RD. MD

32. REGISTRAR'S SIGNATURE
Sunia Davidson-Randelle



OCT 1 2 1990

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI Certific			MENTAL	REG. NO.		90 27908		
	1. DECEOENT'S NAME (First, Middle, Lest)	AUGUSTAL.	PE	4RLN	NAN	2. DATE	OF DEATH DAY	3 6	3. TIME OF DEATH		
	0.10 mm 10.00	SEX 6. AGE (in yrs.		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	S S 18		MRTHPLACE (State or Foreign country) MARYLAND		
DIRECTOR	9e. FACILITY NAME (If not institution, the street  SINAL HOSPI  RESIDENCE OF DECEDENT	TAL	9	BALTIMORE			′	9c. COUNTY	OF DEATN		
l Di	10e. STATE 10b. COUNTY		10c. CITY,	CITY, TOWN OR LOCATION					10d. INSIDE CITY		
1 8	MARYLAND BALT	IMORE		BALTIMORE					LIMITS? 1 ☐ YES 2 ☑ NO		
¥	10e. STREET AND NUMBER			101. ZIP CODE				10g. CITIZEN	OF WHAT COUNTRY?		
8	2532 FARRINGDON RI	) <b>.</b>			2120	9			uSA		
FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	NO If yes, specify Cuben, Mexican, Puerto F				r No- 14.	RACE American Indian, Black, White, stc.		
ED BY	3 Widowed 4 Delivorced  15. DECEDENT'S EDUCAT			1 YES 2 WHO Specify:  CEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUST					Specify: WHITE		
	(Specify only highest grade con	100.	KIND OF BUSI	NESS/INDOS I	ni .						
김	Elementary/Secondery (0-12)	College (1-4 or 5+)  BOOKKEEPER  RELIABLE STORES							DEC		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		1000	MAN DE LA	18. MOTNER'S				Kr.S		
E 0	DAVID FELDMAN			тт	LLIE	BLOCK	7				
BE BE	19e. INFORMANT'S NAME (Type/Print)	T	19b. MAILING A	DORESS (Street	end Number or Rur				fo)		
TO BE COM	MRS. ELAINE P. COH	HEN I	2532 F	ARRINGI	XXI RD.	BALT.	IMORE.	MD 2	1209		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 Removal from Sites 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, State										
2	4 Donation 5 OtNe/ (Specify)  21. SIGNATURE OF FUNERIAL SERVICE LICEN	20/	BETH T		ND ADDRESS OF	EACH ITY	BA	OMITIA	RE,MD		
examiner must	· Mahlo	OUNTED )		5	OL LEVI REISTER	NSON 8			.MD 21215		
CERTIFICATION	IMMÉDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Onset and Death  Onset and Death  Onset and Death  Onset and Death  Onset and Death										
림 그	PART II. Other algnificent conditions of	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  PERFORMED?  AMULABLE PRIOR TO									
MEDIC,				-		_	1 TES 2	-	COMPLETION OF CAUSE OF DEATH? 1 UPS 2 1-NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATN	Check only on	e)				
SIC!		1OSPITAL: ☑ Inpatient 2 ☐ ER/Outpatient		OTHER:	me 6 🗆 Resident	e 6 Othe	r (Specify)				
PHY	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. IN	JURY AT ORK?	_	CRIBE NOW IN	JURY OCCUR	ED		
28 ts	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, stc. (Specify)	t home, farm, ati			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			Rural Route Number,		
의 군	cool .	AN: To the best of my knowledge On the basis of examination and							iuso(e) and menner ee stated.		
TO BE COM	29b. SIGNATURE AND TITLE OF CERTIFIER	Elnes Nah	um 1	MD	29c. LICENSE I	NUMBER		29d, DATE \$	3/GC		
	SO, NAME AND ADDRESS OF PERSON WHO O	SINAL HOS			ERE G	GA	ENSA	ING.	BACT, MD21		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR					-14		7 1 1 1 1		

Michael

5. SEX

1 M 2 - F

FOR STATE REGISTRAR

1. OECEDENT'S NAME (First, Middle, Last)

OCT 1 2 1990

4. SOCIAL SECURITY NUMBER

219-78-7316

1 -

Keith

6. AGE (In yrs. last birthday)

YRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

partlow

DAYS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

2. OATE OF OEATH BAY 10-8-90

14

7. OATE OF BIRTH (Month, Day, Year)

3

3. TIME OF OEATH

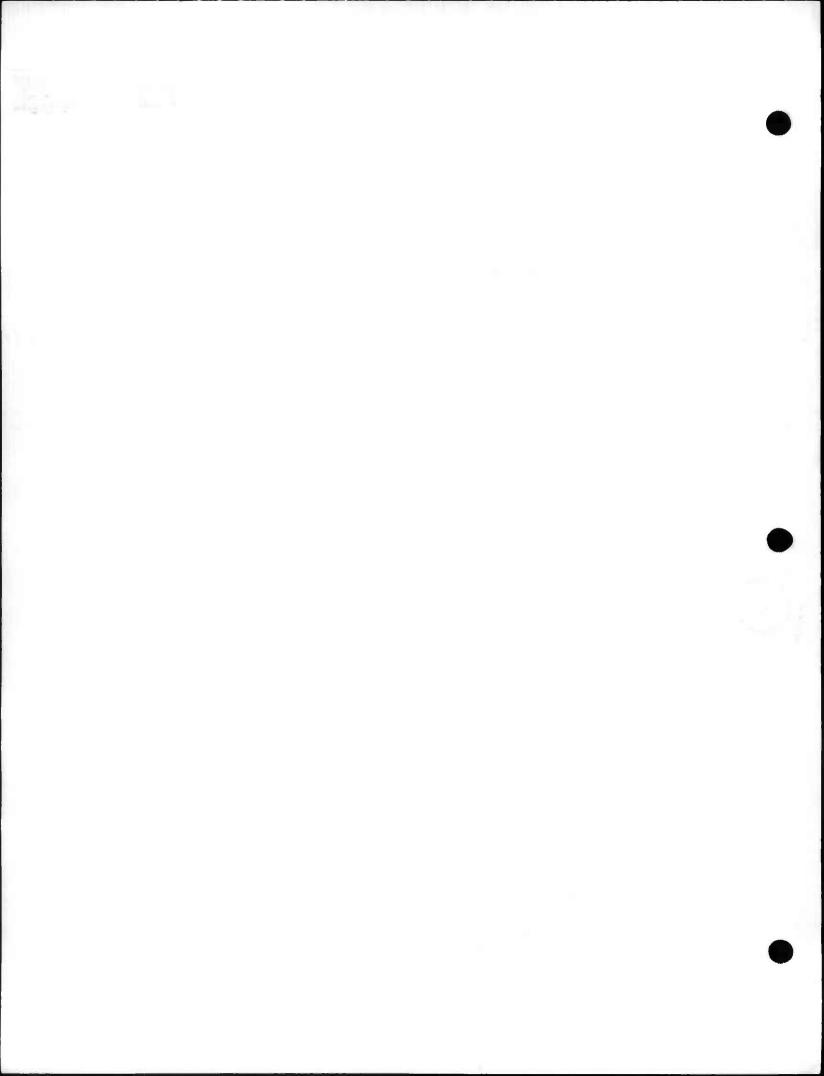
8. BIRTHPLACE (State or Foreign

Maryland

6:35PM

PD P	Tiffany Alley		venue		В	altimore (	City				
DIRECTOR		COUNTY		10c. CITY, TO	altim					- 1	LINSIDE CITY LIMITS? YES 2 NO
3AL	10e. STREET AND NUMBER	-				Of. ZIP COOE			10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	755 W. Lexing	ton Street A			10 1100 0	21201			USA		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FOROSON 4	YES 2 N	2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.)					Black, Wh		
PLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)		(Gi	8a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Unemployed							
E COMPL	17. FATHER'S NAME (First, Middle, L Kenneth Watts	est)			18. MOTHER'S NAME (First, Middle, Melden Surname) Helen Partlow						
TO B	190, INFORMANT'S NAME (Type/Prit		7	755 W. Lexington Street Apt 508			t 508,	Balte	0., 1		
	20a. METHOD OF DISPOSITION 1 17 Burlel 2 Cremation 3 1 4 Donation 5 Other (Specific	ý)		PLACE OF DISPOSITION (Name of cometery, cremetery or Arbutus Memorial Park				tus,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  March F/H West  4300 Wabash Avenue										
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b. DUE TO	OR AS A CONSEC (OR AS A CONSEC (OR AS A CONSEC	OUENCE OF):	unds						
MEDICAL	PART II. Other significent co	nditions contributing to	desth but not r	not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED?  XXYES 2 □ NO					CO OF	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  \$\infty \text{QCYES} 2 \sqrt{N} NO	
IAN	25. WAS CASE REFERRED TO MED					PLACE OF OEATH (Ch	eck only one	)			
HYSICIAN:	EXAMINER? 1 € NES 2 □ NO	HOSPITAL: 1 □ Inpatient 2 □		DOA 4		ome 5 - Residence			Scene		
ВУ РН	27. MANNER OF OEATH  1 Natural 5 Pendir 2 Accident Investi	gation	ay, Year) -90	6:33P	M 10	NJURY AT WORK? ] YES ⊅(∑ NO	Subj	ect sl	not		
ETED (	3 Suicide 8 Could	not be building, nined	F INJURY — At ho atc. (Specify)		Stree	t	Tiff	any A	lley &	d Number or Rurel Route Number, ley & Madison Ave.	
TO BE COMPLETED BY PH	Torroom only	<u>PHYSICIAN</u> : To the best of EXAMINER: On the basis of a								ause(s) an	d manner as stated.
TO BE C	295 FIGNATURE AND TITLE OF CO	me yould		70		29c. LICENSE NUI	WBER			1 <b>GNED</b> (Me	orth, Day, Year)
	MARGARITA A.	KORELL, MD				enn Stree	t,Bal	ltimor	e,MD 2	21201	. VC
	31. DATE FILEO (Month, Day, "bar)	OOD Julia Da	M's SIGNATURE	ndate							

DHMH-18 Rev 1/89

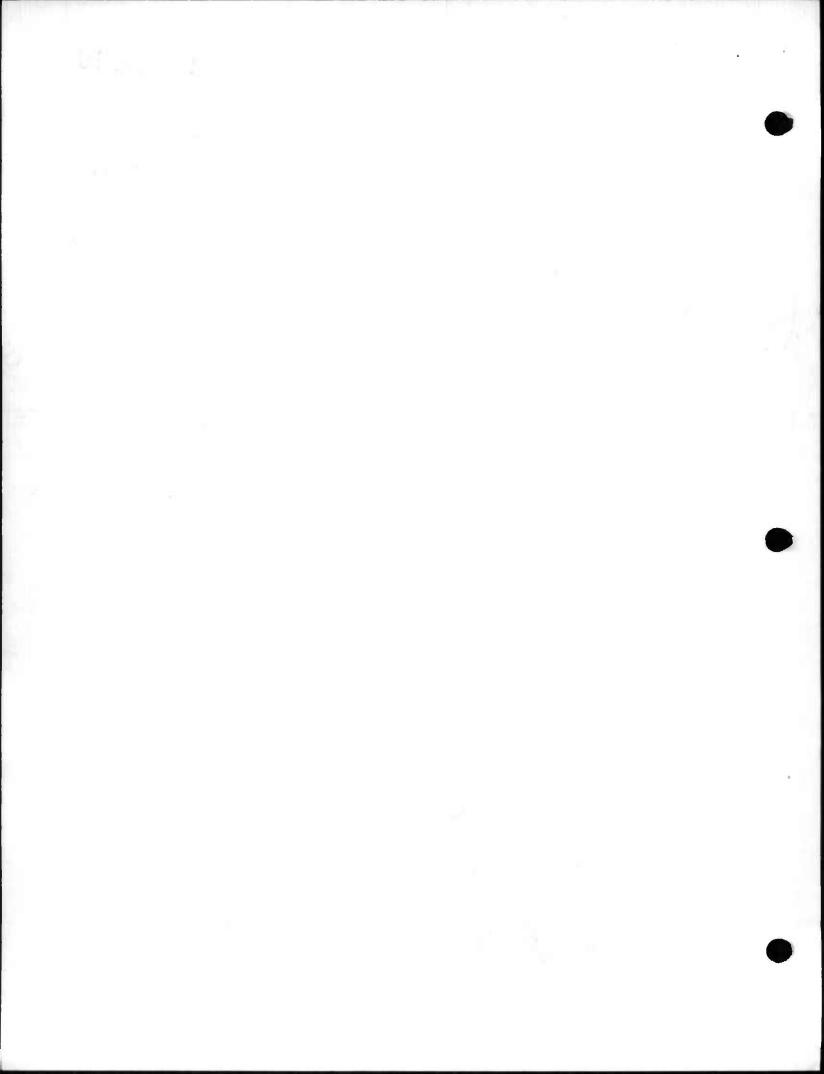


BALTIMORE, MARYLAND 24

	3	Q.	6	Ĕ
	4	/ fille	tion,	the state
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the mi
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	DR	DIRE	hours	Hem
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	IL O	110	e file	MP
	F	F	A	=

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. N	0.	
)	1. DECEDENT'S NAME (First, Middle, Last)		,			2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH
í	Julia Chr	ISTINE YOUR	Quinn				6 190	AM AM
	4. SOCIAL SECURITY NUMBER	Y T	GE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
i	413-72-9626	1 🗆 M 2 🔀 F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 5-30	08 .	Tenn.
.	9e. FACILITY NAME (If not institution, give s		R LOCATION OF DE	ATH		Y OF DEATH		
DIRECTOR	RESIDENCE OF DECEDENT	borough '	4417	Cocke	3241116		UN	IMIOLE
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
- 11		LTIMORE	C	CKEYSVI				1 TES 2 NO
FUNERAL	302 F Welling	111	101. ZIP CODE  2.1030  109. CITIZEN OF WHAT COUNTRY?  U. S. A.					
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ed 2 Merried FORCES? 1 TES		If yes, specify Cuben, Maxica			fee or No- 14	I. RACE — American Indian, Black, White, atc. Specify:
E	15. DECEDENT'S EDU	CATION	18a. DECEDENT'S			18b, KIND OF I	BUSINESS/INDUS	STRY
<u> </u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT us	(Give kind of work done during most of working life. Do NOT use retired.)  ARTIST			· Emp	loyed
COMPL	17. FATHER'S NAME (First, Middle, Last)		1 110	,,,,	18 MOTHER'S NA	ME (First, Middle, Maid	<u>'</u>	
ŭ U		bert Yor	K					Mercer
m	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street a		Route Number, City or			
2	Marie C. Q	nniu	302	F WEL	LINGBOR	ROUGH WA	LY Cock	evsville Mo 21030
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE OF DISPOS other place)	SITION (Name of con			BALTIMO	ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE			D ADDRESS OF FA		- 11111	
	Ratetal.	graves &		EVANS	Chapel	of Chimes	2325 X	Erk Ro Timenium Md
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on asch line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Oue to (or as a consequence of):  Oue to (or as a consequence of):							
	DARW II Oshoo alaaliinaa aaadiin					a T		
PHYSICIAN: MEDICAL	PART II. Other significant condition	is contributing to dea	th but not resulting	in the underlyin	g cause given in	PER	AN AUTOPSY FORMED?	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED							-	1 TYES 2 NO
Ž								
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one)		
XS	1 YES 2 NO	1 inputiant 2 ER/				8 Other (Specify)		
	1 Netural 5 Pending	28a. DATE OF INJU (Month, Day, Ye	JRY 285. TIM ser) INJ	IURY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HO	w injury occu	RED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, term, : (Specify)	street, factory, offic		28t. LOCATION (Str. City or Town, St	ist and Number or ate)	r Rural Route Number,
	29a. CERTIFIER					L		
Suicide 4 Homicide 5 Could not be determined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIONED (Month, Day, Year)								
								SIONED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAUSE O	F DEATH (ITEM 27) (Type	, Print)	11 000	3 1	-	0 1 -
	DR. HArvey S.	MISHNER			Ro Coo	exersvill	e, MD	. 21030
	31. DATE PILED (Month, 188), 1887 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	June Davids	on Aandoll					11
	001161330	4						



RE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMEN	T OF HEALTH AND	<b>MENTAL HYGIENE</b>
CERTIFICAT	E OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLAND		OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	v Rosenb	1	,	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-64-5185	5. SEX 8. AGE (In yrs. 150 M 2 G F 36	last birthday) IF UNDER	T 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/30/52	8. BIRTHPLACE (State or Foreign Country) Virginia
90. FACILITY NAME (If not institution, give BONSUCAW HOSP)		efost Bi	, TOWN OR LOCATION OF DE		NTY OF DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	γ	10c. CITY, TOWN			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 5212 Hillwell	Road		Baltimore 101. ZIP CODE 21229		1 √ YES 2 □ NO IZEN OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 4 IF YES, GIVE WAR OR DATES	NO			U.S.A.  14. RACE — American Indian, Black, White, etc.  Specify: Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Give kind of work done iffe. Do NOT use retired.)		16b. KIND OF BUSINESS/IN	DUSTRY
17. FATHER'S NAME (First, Middle, Last) Thomas W. Rosenba	2 Years	Disabled		ME (First, Middle, Maiden Sumeme)	
190. INFORMANT'S NAME (Type/Print) Mr. Thomas W. Ros			S (Street end Number or Rural i	ra Kellum Route Number, City or Town, State, Zi Baltimore, MD	
20a. METHOD OF DISPOSITION  1 Signal 2 Cremellon 3 Rer  4 Donation 8 Other (Specify)	noval from State 20b. PLAC	E OF DISPOSITION (N place)	ome of cometery, cremetory or Wn Mausoleum	20c. LOCATION —	- City or Town, State
21. SIGNATURE OF FUNERAL SERVICE L	ha M Je	22.	NAME AND ADDRESS OF FA Loring Byers		tors, Inc.
immediate cause (Finei disease or condition resulting in death)  Sequentially list conditions, if any, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONE	SEQUENCE OF):	neumoe muno d	ystie Cario ylicièrcy &	interval Between Onset and Death
PART II. Other significant condition	contributing to beath but no		nderlying ceuse given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	28. PLACE OF DEATH (C/		
27. MANNER OF DEATH 1 The Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OF	CCURED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY AI	home, farm, street, fa-	ctory, office	281. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
condition only	SICIAN: To the best of my knowledge				
200. SIGNATURE AND TITLE OF CERTIFI	m, n	10	29 & ICENSE NU	WBER 6 3 ≥ 29d. DA	TE SIGNED (Month, 37 %)
30. HAME AND ADDRESS OF PERSON W	RELTRAN	1940	W. BAU	740R# 8	BALT MD21:
31. DATE FILED (MONTH, Day).	Filia Davidon-V	andell		1	

RICHBURG

JR.

YEAR

1990

3. TIME OF DEATH

2:15A

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH DAY

OCTOBER 8,

4			1. DECEDENT'S NAME (First, Middle, Last)
			HAR
			4. SOCIAL SECURITY NUMBER
	목		250-20-0634
	3 should	_m	9a. FACILITY NAME (If not institution, give s
	2, 3		THE JOHNS HOPE
	- 8 	H	10a. STATE 10b. COUNT
	permit, Pages 1, 2,	뜸	MD
	ii.	ابا	10e. STREET AND NUMBER
	sit p	3	519 NORTH MA
	ician. al-trar	3	11. MARITAL STATUS
146	ling physician. the burial-transit	BY FUNERAL DIRECTOR	1 Never Married 2 Merried
5-3	as the	8	\$₹_XWidowed 4 □ Divorced
203	use a		15. DECEDENT'S EDU (Specify only highest grade
2	d for	"	Elementary/Secondary (0-12) 5th Grade
9	the hospit detached once,	🕺	17. FATHER'S NAME (First, Middle, Last)
M	lained by the hospital or attending physician should be detached for use as the burial-tra- tiffed at once.	TO BE COMPLETED	HARRY RIC
RY	should b	8	19a, INFORMANT'S NAME (Type/Print)
MARYLAND 21203-3146	S Sh	일	VINA M. FARME
7	ALC: UNIVERSAL PROPERTY.		20a. METHOD OF DISPOSITION
8		à l	↑ Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)
畫	<b>新加美</b>	P	21. SIGNATURE OF FUNERAL SERVICE LI
널	阿爾斯里	-	> ( No ma m
B	the hoval.		23. PART I. Enter the diseases, or
	filled in by the ion, or remova the medical		shock, or heert fellure.
	8 - 6		IMMEDIATE CAUSE (Finel disease or condition
	The lies		
	Atthin 24 lettely fill remation ant, the		resulting in death)
146,	rted within 25 completely fil ial, cremation covent, the		
13146,	executed within 22 and completely file to burial, cremation matic event, the	NOI	resulting in death)  Sequentially liet conditions,
OX 13146,	e be executed within 22 sician and completely fill rior to burial, cremation traumatic event, the	ATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING
BOX 13146,	tificate be executed within 24 physician and completely fill ene prior to burial, cremation ther traumatic event, the	IFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
.O. BOX 13146,	h certificate be executed within 23 miding physician and completely fill Hygiene prior to burial, cremation or other traumatic event, the	RTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING
, P.O. BOX 13146,	death certificate be executed within 2st e attending physician and completely fill fental Hygiene prior to burial, cremation ury, or other traumatic event, the	CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST
DS, P.O. BOX 13146,	at the death certificate be executed within 2st by the attending physician and completely fill mind Mental Hygiene prior to burial, cremation in July, or other traumatic event, the	SAL CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST
ORDS, P.O. BOX 13146,	is that the death certificate be executed within 2x-mours after pixel by the attending physician and completely filled in by the attending physician and completely filled in by the attendant Hygiene prior to burial, cremation, or removal is any injury, or other traumatic event, the medical is	DICAL CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions of the conditions o
ECORDS, P.O. BOX 13146,	signed signed tealth	ш	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST
	law requires that the death certificate be executed within 24 as been signed by the attending physician and completely fill bept, of Health and Memtal Hygiene prior to burial, cremation 23 shows any injury, or other traumatic event, the	ш	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant conditions that the cause of the conditions of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause
	The law requires that the death certificate be executed within 24 are has been signed by the attending physician and completely fill tate Dept, of Health and Mental Hygiene prior to burial, cremation tem 23 shows any injury, or other traumatic event, the	ш	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other significant condition  HTN (HYPE)  PSEUDOMONAS  25. WAS CASE REFERRED TO MEDICAL EXAMINER?
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	TTENDING PHYSICIAN: The law req TOR: After this certificate has been after death with the State Dept. of 28 is marked, or Item 23 sho	O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in deeth) LAST  PART II. Other significant condition  HTNI (HYPE)  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN

4. SOCIAL SECURITY NUME	ER	5. SEX		yrs. last birthday)	IF UNDER 1 YI	AR IF UNDE	R 24 HRS.	?. DATE OF BIR	тн	8. BIRTHPLA	ACE (State or Foreign
	250-20-0634 NSM 2 F 73 YRS.							5-5-1	Day, May)  Country)  S. C.  Re. COUNTY OF DEATH		
THE JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE CITY											
RESIDENCE OF DECEDENT											
MD BALTIMORE CITY LIMITS?										d. INSIDE CITY LIMITS? CPVES 2 - NO	
10e. STREET AND NUMBER						10f. ZIP COI			10g. CIT	ZEN OF WHA	T COUNTRY?
519 NOR'	TH MA	DERIA S			40 340		205	NIC ORIGIN? (Spec		SA	
1 Never Married 2 SCHOOL		FORCES?	YES	X NO	If ye		en, Mexica	n, Puerto Rican, e		Specify:	American Indien, Thita, etc.
	EDENT'S EDU y highest grade		1	15e. DECEDENT'S	USUAL OCCU	PATION og most of work	daa	16b. KIND	OF BUSINESS/INC		
Elementary/Secondary (6 5th Grad	1-12)	College (1-4 or 5	+)	ille. Do NOT u	SCAP		ung	i			
17. FATHER'S NAME (First, M	liddle, Last)					18. MO	THER'S NA	ME (First, Middle, I	Malden Surname)		
HARRY		HBURG	SR.				LLEN			LBERT	Γ
VINA M.		R		519				-	or Town, Stete, Zig		21205
20a. METHOD OF DISPOSIT			20b. I	PLACE OF DISPO	SITION (Name	of cemetery, cri	ematory or	2	20c. LOCATION —	City or Town,	Stata
रुट्टी Buriel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	(Specify)	The second	Vo	SHELL		PARK			BALTIM	IORE,	MD
21. SIGNATURE OF FUNERA	SERVICE LI	CENSEE				ME AND ADDR			1101 5	NO.	RTH AVE.
23. PART I. Enter the d	100000	complications th	t coursed	the death De							
		Liet only one ce			not enter the	e mode of d	ying, suc	n es ceraisc oi	r respiratory sn	rest,	Approximate Interval Between
IMMEDIATE CAUSE (FI	nel	Α	9			)					Onset and Death
disease or condition	$\rightarrow$			ATION	L	NEU	MOL	JIA			1 WEEK
				ONSEQUENCE O	F):	Α .					5 Months
Sequentially list condit if any, leading to imme	diate			CONSEQUENCE O		7100	100				
CAUSE (Disesse or Inju		C. DUE TO	IOR AS A	CONSEQUENCE O	E.						
that initiated events resulting in deeth) LAS	т	d			.,.						
PART II. Other significa	int condition	ns contributing to	deeth bu	t not resulting	In the unde	rlying couse	given in	Part I. 24s. V	WAS AN AUTOPSY		ERE AUTOPSY FINDINGS
HTN (+	TYPER	RTENSIO	(N					1	PERFORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE
PSEUDOM	ONAS	^						— [''	TES ZANO		DEATH?
130000	IO WAS	261	-1.3							-   '	YES 2 NO
25. WAS CASE REFERRED 1	O MEDICAL	5-1-E				26. PLACE OF	DEATH (C)	neck only one)			
1 YES 2 NO		HOSPITAL:	☐ ER/Outpa	tlent 3 DOA	OTHER:	Home 5 🗆	Residence	6 Other (Spec	elfy)		
	Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	c. INJURY AT WORK?	□ NO	28d. DESCRIBE	HOW INJURY OC	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY -	At home, farm,	street, fectory	, office		281. LOCATION City or Town	(Street and Numbern, State)	r or Rural Rout	le Number,
29a. CERTIFIER											
(Check only		ER: On the best of									nd menner as stated.
296- SIGNATURE AND TITLE	G CERTIFIE	- W		ntern-i		w.	J20	70	•	10.0	8.90
DAVID P. MC			JSE OF DEA	TH (ITEM 27) (Typ	e, Print)	JOHN:	5 HOPK	INS UNI	V. BALT	MOREI	MD 21205
31. DATE FILED (Month, Day,	Year)	32 REGISTR	AR'S SIGNA	TURE	EN1 3	,	7.0				21203
OCT 1	2 1990	320 REGISTA	avidsor	-Agndale							

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	I WE	as be	ept.	23 8
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Extroours after death. Page 6 may be mainted to	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical examinar must be notified a

the burial-transit permit. Pages 1, 2, 3 should

REGISTRAR		ARYLAND C				DEATH	MENIA	REG. NO.		0	27913
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	W	YEAR 3.	TIME OF DEATH
HELEN I.	ROESE	Œ						. 10,			:55 P.M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
219-30-2044		80	YRS.					. 17.	1910		YLAND
Sa. FACILITY NAME (If not inetitution, give :					96. CITY, TOWN OR LOCATION OF DEATH  BALT TMORE  9c. COUNTY OF DEATH						4
3404 DUDLEY AVE	3404 DUDLEY AVE.										
10e. STATE 10b. COUNT	ГУ		10c. CIT	Y, TOWN OR	LOCAT	ION				100	I. INSIDE CITY
MARYLAND		_		BAL	T IM	ORE				10	LIMITS? YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE			10g. CITIZ	EN OF WHAT	
3404 DUDLEY AV	ENUE					21213			U.	S. A	
11. MARITAL STATUS	12. WAS DECEDEN	EVER IN U.S.	RMED			ENDENT OF HISPAI			or No-	14. RACE -	American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W		<b>У</b> ИО	1	Yes, sp	2 NO Specif	y:	Rican, etc.)		Black, Wi Specify:	WHITE
1s. DECEDENT'S EDA (Specify only highest grade		16a, (	DECEDENT'S	USUAL OCC	CUPATIO	ON at of working	168	. KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +		fe. Do NOT u	se retired.)		or or working		OLINI	HOME		
NA	NA		пом	EMAKEI					HOME		
17. FATHER'S NAME (First, Middle, Last) HARRY SHAUCK						16. MOTHER'S NA IRENE			Sumame)		
TOTAL DODGETTA (TTTANA 1 TOTAL						SS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  LEY AVENUE, BALTIMORE, MARYLAND 21213					
		205 BLAC	_				DAUI.				
1X Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	20s. METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Removal from State 20b. PLACE OF DISPO					IS OF FAITH CEM.  20c. LOCATION — City or Town, State BALTIMORE, MD.					
21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE		Λ	22. N	AME A	D ADDRESS OF FA	CILITY			-	
· Eugene	D P 9					MUNEK FU					dans of
	y con		160			BREHMS					
23. PART I. Enter the diseases, or shock, or heart failure.	List only one cau	se on each li	na.	not enter t	na mo	de of dying, suc	ch aa car	diac or respi	iratory arre	est,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	00										Onset and Dea
resulting in death)	e. De	DS1-	)								
	Q /	OR AS A CONS	EOUENCE C		di	sras	0				
Sequentially list conditions,	b. DUE TO	(OR AS A CONS	MU C		Cy	5/45	0				
if any, leading to immediate cause. Enter UNDERLYING	552 10	(On AD A CONS	EGOENOE C								
CAUSE (Disease or Injury that initiated events	C. DUE TO	(OR AS A CONS	EQUENCE C	OF):							
resulting in desth) LAST	4										
PART II. Other significant condition	ons contributing to	death but no	t resulting	in the und	derlyin	g cause given in	Part I.	24a. WAS AN PERFOR		AM	RE AUTOPSY FINDING
		-					_	1 TYES 2	NO		MPLETION OF CAUSE DEATH?
										1 [	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C)	heck only o	ine)			
1 TES 2 NO	1 Inpatient 2		_	4 🗆 Nursi	ing Hon		· ·				
	28s. DATE OF (Month, D		28b. TII	WE OF	W	JURY AT	28d. DE	SCRIBE HOW	INJURY OCC	URED	
27, MANNER OF DEATH				М	1 YES 2 NO						
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	Accident Investigation							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE O	etc. (Specify)						Or IOWII, Steele,			,
1 Netural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined	28e. PLACE O	etc. (Specify)						or lown, State,			
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYS.	28e. PLACE Of building,	etc. (Specify) my knowledge,	death occur					ruse(s) and ma	nner as state		
1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28e. PLACE Of building,	etc. (Specify) my knowledge,	death occur					ruse(s) and ma	nner as state		
1 Natural 5 Pending Investigation 3 Suicide 4 Homicide 6 Could not be determined 29s. CERTIFIER (Check only 1 CERTIFYING PHYS.	28e. PLACE Of building, SICIAN: To the best of a	etc. (Specify) my knowledge,	death occur				e time, dat	ruse(s) and ma	nner as state	cause(s) an	

DR. LINDY HENKEL, FRANCIS SCOTT KEY, MASON LORD BLDG, 5200 Eastern Ave, Balto, Md.

DHMH-16 Rev 1/89

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sit permit. Pages 1, 2, 3 should rs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. 60X 1346,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

Donald G. Wright,
31. DATE FILED (Month, Day, Year)

OCT 1 2 1990

R. After this centificate has been stoned by the attending to the manufacture and in by the funeral director, page 5 should be detached for use as the burial-transit permit.	NOING PHYSICIAN. The line mounts that the death care controlled white after death. Page 6 may be retained by the hospital or attending physician.	ral examiner must be notified at once.  TO BE COMPLETED BY FUNERAL DIRECTOR	be filed within 72 hours after death with the State Days, or Health and Medial Hopera Cornellon, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumstic event, the medical examiner must be notified at once.  TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
R: After this certificate has been signed by the immentary bysican and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit p	TO THE HOSPITAL OR ATTENDING PHYSILIAN THE RECEIVED THE PROPERTY OF THE PROPERTY OF THE FUNERAL DIRECTOR: After this centricine has been signed by the interest permit and in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s	val. I examiner must be notified at once.	ifer death with the Suss Digt. of Health and Medial Hyglend (2017), First, commission, or ref. 28 is marked, or item 23 shows any injury, or other traumatic event, the media

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1 - FOR STATE REGISTRAR		STATE OF N	IARYLAN			F HEALTH A		ENTAL HYGIEN REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	Steven	Doug1	as Red	Leaf		2	. DATE OF DEATH	AY Y	EAR 3.	TIME OF DEATH
STEV	VEN_		DUGLA		RED L	EAF		10 2			0:41 P M
4. SOCIAL SECURITY NUMB		5. SEX		rrs. last birthday)			MAIN	(Month, Day, Year)		BIRTHPLA Country)	ICE (State or Foreign
431 27 189		1 € M 2 □ F	32	YRS.			S	Sept. 11,	1958		ansas
9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
	timore County General Hospital					ndallst	own		Ba	altim	ore
10a, STATE	10b. COUNTY			10c. CIT	Y, TOWN OR L	OCATION				100	d. INSIDE CITY LIMITS?
Arkansas	Amity				1 _ YES 2 NO						
10e. STREET AND NUMBER						10t. ZIP CODE					
Route 3, B	ox 52					719				S.A.	
11. MARITAL STATUS  1 Never Married 2 1	Married	12. WAS DECEDEN FORCES? 1	YES	2 NO	If yo	e, specify Cuban,	Maxican, F	ORIGIN? (Specify Yes Puarto Rican, etc.)	a or No— 14	Bleck, W	American Indian, hita, etc.
3 Widowed 4 Divo		IF YES, GIVE V	AR OR DATE	S	1 🗆	YES 2 X NO	Specify:		A	Specify:	can Indian
15. DEC	EDENT'S EDUC	CATION	10	Ba. DECEDENT'S				16b. KIND OF BU	-		
(Specify only Elementary/Secondary (6	y highest grade	College (1-4 or 5		Ille. Do NOT u	se retired.)	g most of working					
12				Landso	tional			Grass	and L	ands	caping
17. FATHER'S NAME (First, M	liddle, Lest)					18. MOTHE	R'S NAME	(First, Middle, Maiden	Sumame)		
Steven L	awrenc	e RedLea	f	30 ==		Pa	itsy	Carleen :	Dillar	d	
19a. INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRESS (St	reet and Number of	r Rural Rou	ite Number, City or Tox	m, State, Zip Co	ode)	
Patsy Frazi	er (mo	ther)		Rt. 1	l, Box	34, Bon	nerd	lale, AR	7193	3	
20a. METHOD OF DISPOSIT		ovel from State	1 0	ther place)		of cemetery, cremat			CATION - CIT		
4 Donation 5 Other	(Specify)		_   B	onnerda		A. Cen		-	onnerd	ale,	AR
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE				ME AND ADDRESS		unv Sal Servi	C.P.		
Day	ude	XX	011	011		11s Chu					
23. PART I. Enter the d									Iratory arres	t,	Approximata
shock, or h		List only ona cer	ise on eec	h line:							Onset and Daeth
disesse or condition	<b>→</b>	Multi	iple I	Injurie	S						
resulting in destiny				ONSEQUENCE C							
		b									11
Sequentisity list condit if sny, lasding to imme	dista	DUE TO	(OR AS A C	ONSEQUENCE O	OF):						
cause. Entar UNDERLY CAUSE (Disease or Inju		с									
that initiated events resulting in desth) LAS	T.	DUE TO	(OR AS A C	ONSEQUENCE (	OF):						İ
Toodking in adoin, and		d									<del> </del>
PART II. Other significa	ent condition	e contributing to	death but	not resulting	In the unde	riying cause gi	ven in Pa			24b. W	ERE AUTOPSY FINDINGS
								PERFO		CC	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
								_   "			YES 2 NO
								_		'	•
25. WAS CASE REFERRED T	O MEDICAL					26. PLACE OF DE	ATH (Check	k only one)			
EXAMINER? 1 X YES 2 □ NO		HOSPITAL: 1 inpatient 2)	ER/Outpat	lent 3 🗆 DOA	OTHER:	Home 5 🗆 Res	Idence 8	☐ Other (Specify)			
27. MANNER OF DEATH		28a. DATE Of	NJURY Ony, Year)	28b. TII	ME OF 28	c. INJURY AT WORK?	2	Driver in	ALITO	RED C+Y11	ck fived
1 Netural 5 Netural 5 Netural	Pending investigation	10-2-				YES 2 X	NO C	object/ov	erturr	ed	CK TIACU
3 Suicida 8	Could not be	28a. PLACE ( building	of INJURY -	At home, farm,	street, factory	offica	2	28t. LOCATION (Street City or Town, State	and Number of	Aural Rous	ills Rd.,
4 Homicide	determined				adway			(near Red	Run E	Blvd.	), Balto.
Tonoon only	TIFYING PHYS	ICIAN: To the best o	f my knowled	dge, death occur	red at the time	, data and place,	and dua to	the cause(a) and me	inner as stated	. Cou	nty, MD
one) 2 💢 MED	HCAL EXAMINE	R: On the beels of	xamination	and/or investigat	lon, in my opin	ion, death occure	d at the tir	me, deta and place, a	nd due to the	cause(a) a	nd manner as stated.
29b. SIGNATURE AND TITLE	E OF GERTIFIE	R	٠			29c. LICEN	NSE NUMB	DER	29d. DATE :	SIGNED (M	fonth, Day, Year)
Algnord	B.	WingW					OCME	1	<b>•</b>	10-4-	<b>-</b> 90
30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAL	ISE OF DEAT	H (ITEM 27) (Typ	e, Print)						

Deputy Chief

32 REGISTRAR'S SIGNATURE

Julia Day Son-Randare

111 Penn Street, Baltimore,

M.D.

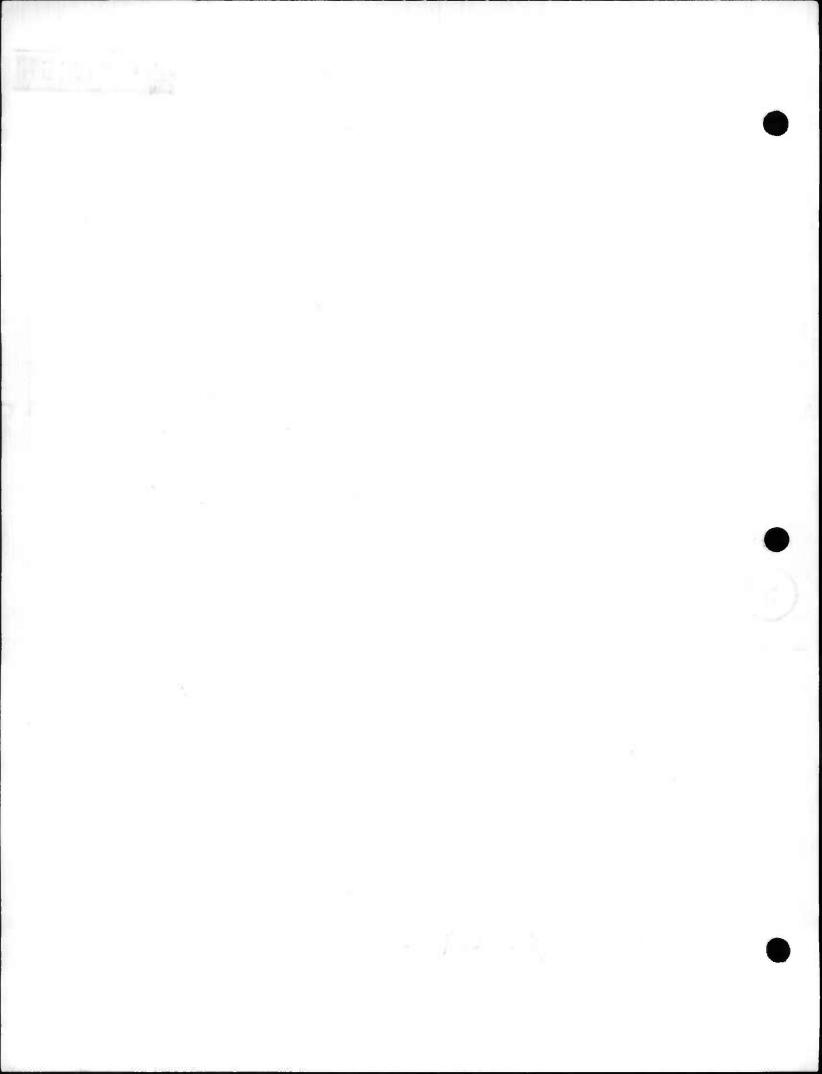
DHMH-18 Rev 1/89

			ermit. Pages 1, 2, 3 should	
	21203-3146	L. OR ATTENDING PHYSICIAN: The law requires that the deatt certification and the manual within 2 mounts after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR: After this certificate has been signed by the attaglising provider and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	
	BALTIMORE, MARYLAND 21203-3146	ay be retained by the hosp	page 5 should be detached	
	BALTIMORI	urs after death. Page 6 ma	in by the funeral director,	
(		to count within 2 co.	is and completely filled in	to homeline
- Seaso	S, Plo. Bo	he deat certificate	the attending plant	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
	AL RECORD	ne law requires that 1	has been signed by	copt. of Heavel and
	DIVISION OF VITAL RECORDS, P.O. BOX 13148,	DING PHYSICIAN: Th	After this certificate	מבשמו אוחו חום פושוב
	DIVISIO	L OR ATTEN	L DIRECTOR:	HORES ATTE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate and within 2 mours after death. Page 6 may be retained by the thost TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attellioning process and considerably filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Physics and Committee of the moves.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, of other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL				MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	OATE OF	DEATH, 4)	2. DATE OF DEATH	-	3. TIME OF OEATH
,	RUDDIE MYLES		HOWARD RI			10 05	1990	1:45 A M
	4. SOCIAL SECURITY NUMBER 220-48-1426	5. SEX 8. AGE (	in yrs. last birthday) 40 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/1/50	Cour	THPLACE (State or Foreign http:) MARYLAND
į	9a. FACILITY NAME (If not institution, give st		10	9b. CITY, TOWN C	OR LOCATION OF DE		9c. COUNTY OF	
	THE JOHNS HOPKINS	HOSPITAL	-	BALTIM	ORE		BALTIMO	ORE CITY
	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY
		ALTIMORE		OWINGS M				1X YES 2 NO
	100. STREET AND NUMBER  12 DORSET HILL C	т.		101	. ZIP CODE 21117			WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yea	or No.— 14, 9A	CE — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR O		1 TYES	2 NO Specify	n, Puerto Ricen, etc.)	(2)	WHITE
	1s, OECEOENT'S EOU (Specify only highest grade	CATION	18a. OECEOENT'S	USUAL OCCUPATION And done during mo	ON let of working	16b. KINO OF BUS	SINESS/INOUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	life. Do NOT us	e retired.)		рилрм	ACV /DDII	_
	17. FATHER'S NAME (First, Middle, Lest)	JT		WINER	18. MOTHER'S NA	ME (First, Middle, Maiden	ACY/DRUG	5
ן נ	ISRAEL M. RUDDIE				S	YLVIA L.BL	UMSTEIN	
	198. INFORMANT'S NAME (Type/Print) MRS. BONNIE RUDD	TE				Route Number, City or Town		01117
	200 METHOD OF DISPOSITION		. PLACE OF DISPOS	ORSET HI		OWINGS MI	CATION - City or	21117 Town, Stata
	1 X Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from Stata	other place)	SINAI			INGS MI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	signer			ND ADDRESS OF FA	N & BROS.,	INC.	
	mm by	Jan	<u>~</u> `	6010	REISTER	STOWN RD.	BALTO.	
	23. PABY 1. Enter the diseases, or a shock, or heart failure.	Liat only one cause on a	ach line.			h aa cerdiac or reapi	ratory arrest,	Approximete Interval Between Onset and Death
1	IMMEDIATE CAUSE (Final disease or condition	E. Sepsis	and Ba	acterei	mia			4 days
	resulting in death)	DUE TO (OR AS /	CONSEQUENCE OF	F):				
5	Sequentially list conditions,	Bowel BOWEL	A CONSEQUENCE OF	n:				lyear
3	if any, leading to immediate cause. Enter UNDERLYING	Metasto	atic A	rdenoc	arcino	Man		12 years
NILL CALLON	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):				
5		d						
4	PART II. Other algorithms condition				g cause given in	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Renal Fa	llure	ICE CITY	9		1   YES 2	NNO	OF DEATH?
						_		
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1	26. P	LACE OF DEATH (Ch	eck only one)		
TO	1 U YES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA	4 - Nursing Hon	ne 5 🗆 Rasidenca	8 Other (Specify) 28d. DESCRIBE HOW I	N.HIRY OCCURED	
10	Netural 5 Pending	(Month, Day, Year)	IN	URY	YES 2 NO	200. DESCRIBE HOW	TOO TOO OTHER	
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm,	street, factory, offic	CO	281. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,
2	4 Homicide determined							
COMPLEIED	(Check only	ICIAN: To the beat of my know ER: On the beals of exemination						e(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE		^		29c. LICENSE NUI			ED (Month, Day, Year)
0 0	Which C. be	her, MI	)				10	5 90
	ELIOT C. HEH	ER, MD. D	eath (ITEM 27) (Type 2 partmen	+ of Med	icine. Jo	hnstopki	ns Hos	pital Baltimore
	31. DATE FILEO (Month, Day, Year)	2 REGISTIAR'S SIGN	MAELINE MANAGE		46			
	OCT 1 2 1990	June villacon	-11-11-11-11-11-11-11-11-11-11-11-11-11					

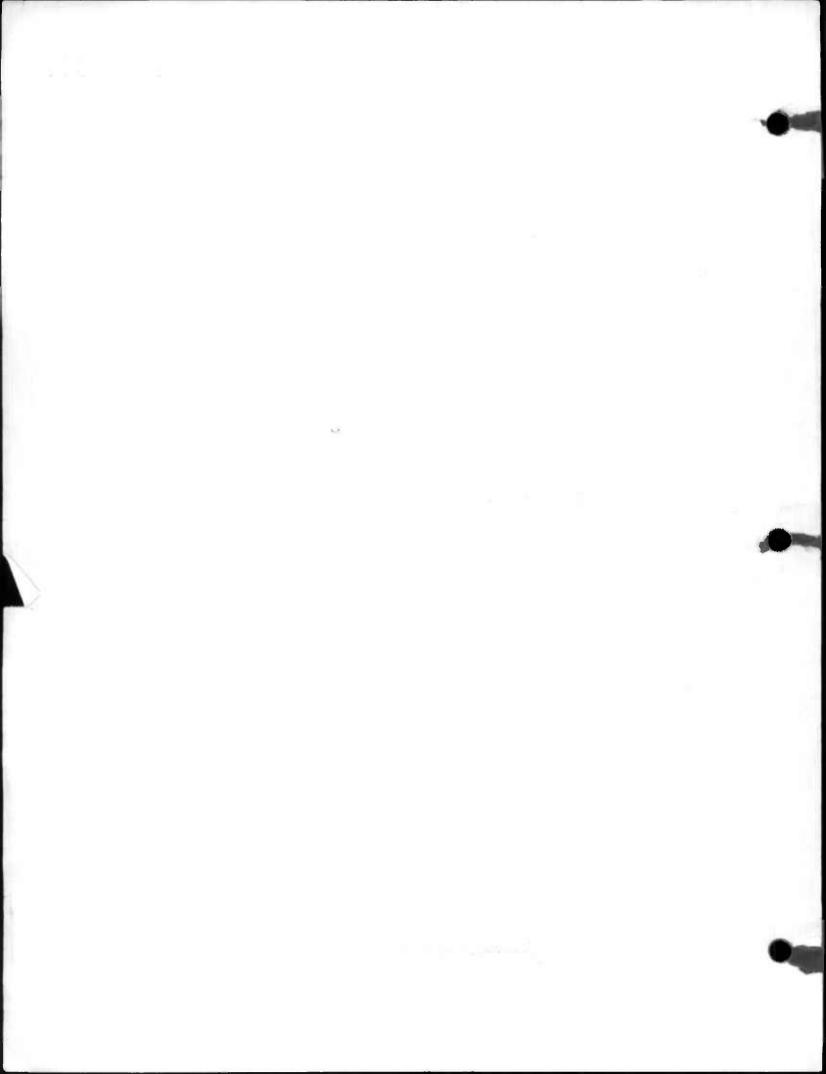


DIVISION OF VITAL RECORDS P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	ATTENDING PHYSICIAN: The second of the executed within Persons after death. Page 6 may be retained by the hospital or attending physician.	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the residence of the property of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Montal and Montal Cremotals, or removal.	separate at the noticed on the state of the second and a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as a second as
DIVISION OF	THE HOSPITAL OR ATTENDING PHYSIC	0 THE FUNERAL DIRECTOR: After this ce is filed within 72 hours after death with ti	apposite to the same of the standard

-				<u> </u>						EG. NO.			
h	1. DECEDENT'S NAME (First, Middle, Last) Frank Anth	nony Ror	neo						2. DATE OF S		990	YEAR	3. TIME OF DEATH  11:40 am
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	HTRIE		6. BIRTI	IPLACE (State or Foreign
	220-07-5466	1 🔀 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	08-0	2-19	10	Ma:	ryland
	9a. FACILITY NAME (If not institution, give a	Transfer and the second					OR LOCATI		EATH		9c. COU	NTY OF E	EATH
	Meridian Nurs:	ing Cen	ter		1	Bro	okly	n_			An	ne l	Arundel
	10a. STATE 10b. COUNT	Y		10c. CIT	ry, town	OR LOCA	TION						10d. INSIDE CITY
	Maryland .				I		timo						LIMITS? 1 XES 2 NO
	10e. STREET AND NUMBER					10	H. ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?
	305 S. High S.	treet				- 1	2	120	2			US	SA
	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DE	CENDENT C	OF HISPAP	IC ORIGIN? (S	pecify Yes	or No-	14. RAC	E — American Indian, k, White, etc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V	YES 2-	€ NO			S 2 X NO		n, Puarto Ricar y:	n, etc.)			nite
	15. DECEDENT'S EDU		16a.	DECEDENT'S	USUAL C	CCUPATI	ON		16b. KIN	O OF BUS	INESS/IN	OUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u	work done se retired.)	during m	ost of world	ng					
	8th	Comege (1-4 of 5	"	Taxi	OWY	ner	Dri	vor	Pul	blic	Tr	ansi	portation
	17. FATHER'S NAME (First, Middle, Last)	-		Idal	O WI	ICI/	1		ME (First, Midd			arro,	001 00 01011
	George Ron	mao					10. 110.				SOTTHETTINE)		
		ileo	-	_					ry Bor				- AUGUSTIN
	19a. INFORMANT'S NAME (Type/Print)								Route Number, (				
	Angelo G. Rome	90							30x 70	07,	New	fie.	Ld, N.J.
	20a. METHOO OF DISPOSITION  1  Burlel 2 Cremation 3 Rem  4  Donation 6 Other (Specify)	novel from State	20b. PLA othe M	etro	Crei	nato	ometery, crea	The	c.	2777			own, Stata MD
-	21. SIGNATURE OF UNERAL BERVICE LI	GRSEE //	~1	- 01 0	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	Der 4	2,7,0	14		5	ren	natio	on S	ocie	ty o	f Ma	aryl	and, Inc.
	George E.	MacNabl	)		2	299	Free	deri	ick Ro	pad.	Ba.	lto.	. MD 21228
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A COM	NSEQUENCE O	OF):	- C	Cre		202	te	¿ ( u	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th	Onset and Death
	PART II. Other algorificant condition	na contributing to					V) C	_		e. WAS AN PERFOR	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26 F	N ACE OF I	DEATH /C/	neck only one)	_			
	EXAMINER?	HOSPITAL:			OTHE	R:							
	27. MANNER OF DEATH	1 Inpatient 2			_	_		esidence	6 Other (S)		1 11 11 11 11 11	201750	
	1 X Natural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, i	Pay, Year)	28b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2 (	□ NO	26d. DESCRI	IBE HOW I	NJURY O	CORED	
	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — A , etc. (Specify)	At home, farm,	street, fa	ctory, offi	Ice			ON (Street a jown, State)		er or Rural	Route Number,
	29a. CERTIFIER CERTIFYING PHYS												
	(Check only	ER: On the basis of											(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE	ER ECT S	0~	110	7 1			ENSE NU			29d. DA		Month, Day, Year)
	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	ISE OF DEATH	(TEN 27 (T-	Delast	_	1 ,	1.1	/3 }		_	( 0	11111111
	Robert B. Kroc					ibe	erty	Pla	ıza Ma	11,	Ran	ndal	lstown, M
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATUR	RE									
3	OCT 1 2 1990	1 guliar	Davidson-	gandel	6								

- 2 3	me memeral examiner must be nonnen at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove.	28 IS MATKED, OF HEM 23 SHOWS ANY INJURY, OF UTILET HAVINGHE EVENT, I

	FOR 1 - STATE REGISTRAR	STATE OF M			MENT OF H	EALTH AND N	MENTAL	HYGIENE REG. NO.				3
1	1. DECEDENT'S NAME (First, Middle, Last) Alexa	ander	М.		neubott			of DEATH	YEAI	11	0:05PM	м
	4. SOCIAL SECURITY NUMBER 2 1 7 - 3 4 - 4 8 0 6	5. SEX 1 K M 2 F	6. AGE (In yrs. les 56		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (	0F BIRTH 2 2 - 3 6	8. Bil	THPLA	CE (State or Foreig	n :
	9a. FACILITY NAME (If not institution, give str Hilton & Winterbo			9		ltimore (		1	c. COUNTY O	DEATH	1	
	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MD				timore					1	LIMITS?	
	10e. STREET AND NUMBER	ton Ave			100	ZIP CODE 1216		1	USA	F WHAT	COUNTRY?	
Charles of the	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE	<b>2</b> YES 2 □ I	MED 10	If yes, spe	ENOENT OF HISPAN elfy Cuban, Maxica 2 NO Specify	n, Puarto F		8	lack, Wi	American Indian, lita, atc. Black	
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+	(G	ive idnd of wor . Do NOT use i		n I of working .eaning	16b.	KIND OF BUSIN	ESS/INDUSTR	Υ		
	17. FATHER'S NAME (First, Middle, Last)  Mathias Thomas	s Rheub				16. MOTHER'S NA		Aiddle, Maiden Su arie E		ubo	ttom	
	19a. INFORMANT'S NAME (Type/Print) Tillie Marie	E. Rheu				entalo					216	
	20e METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		other pi	ace)	Fores	t VA C			tion - city o		1s, MD	
	21. SIGNATURE SEF FUNERAL SERVICE LIC	eD.	3rou	N	Jose	ph H. H.	Brow	n F.H.	P.0.	В	ox 443	3
	23. PART I. Enter the diseases, or cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen and cannot be seen a	List only one cau Multip	se on each line	wound		de of dying, suc			tory srrest,		Approximate interval Bett Onset and D	меел
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	PART II. Other significent condition	s contributing to	death but not	resulting in	the Underlying	g cause given in	Part I.	246. WAS AN AI PERFORM XXES 2	ED?	CO	RE AUTOPSY FIND NILABLE PRIOR TO MPLETION OF CAU DEATH?	ISE
TI SICIAIN.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL	ACE OF DEATH (Ch	eck only or	70)			-	
	X⊠ YES 2 □ NO 27. MANNER OF DEATH	1 Inpatiant 2 I	INJURY	28b. TIME	OF 28c. INJ	e 5 ☐ Residence		er (Specify) SCRIBE HOW INJ	Scene	)		
10.	1 Netural 8 Pending 2 Accident Investigation 3 Suicide 8 Could not be	10-6- 28e. PLACE 0	F INJURY — At h	9:51	LPM 1 🗆	74.		ATION (Street and or Yown, State)				
COMPLEIED	4 Hemicide datarmined			n auto			Hilt	con & W	interb	our	ne,Balt	imo:
Cimi	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI									se(s) an	d manner aa stat	led.
0 00 01	IGNATURE AND TITLE IN CERTIFIER	Krell				29c. LICENSE NUI			29d. DATE SIG	NED (M		
•	30. NAME AND ADDRESS OF PERSON WH MARGARITA A. KOR		SE OF DEATH (ITE		11	Street,	Balti	imore,M	D 2120	1		V
	OCT 12 1990	Julia Da	R'S SIGNATURE									



WALTER SCHRUEFER, SR

PHILIP

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REG. NO.

2. DATE OF DEATH

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The	ate !	tate	tem!
L. OR ATTENDING PHYSICIAN: The law requires that the doath certificate be executed within 2x mours after death. Page 6 may be retained by recommendation in yelician.	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be another be the beautiful to a signed by the attending physician and completely filled in by the funeral director, page 5 should be another beautiful to a signed by the attending physician and completely filled in by the funeral director, page 5 should be another by the attending physician and completely filled in by the funeral director.	the S	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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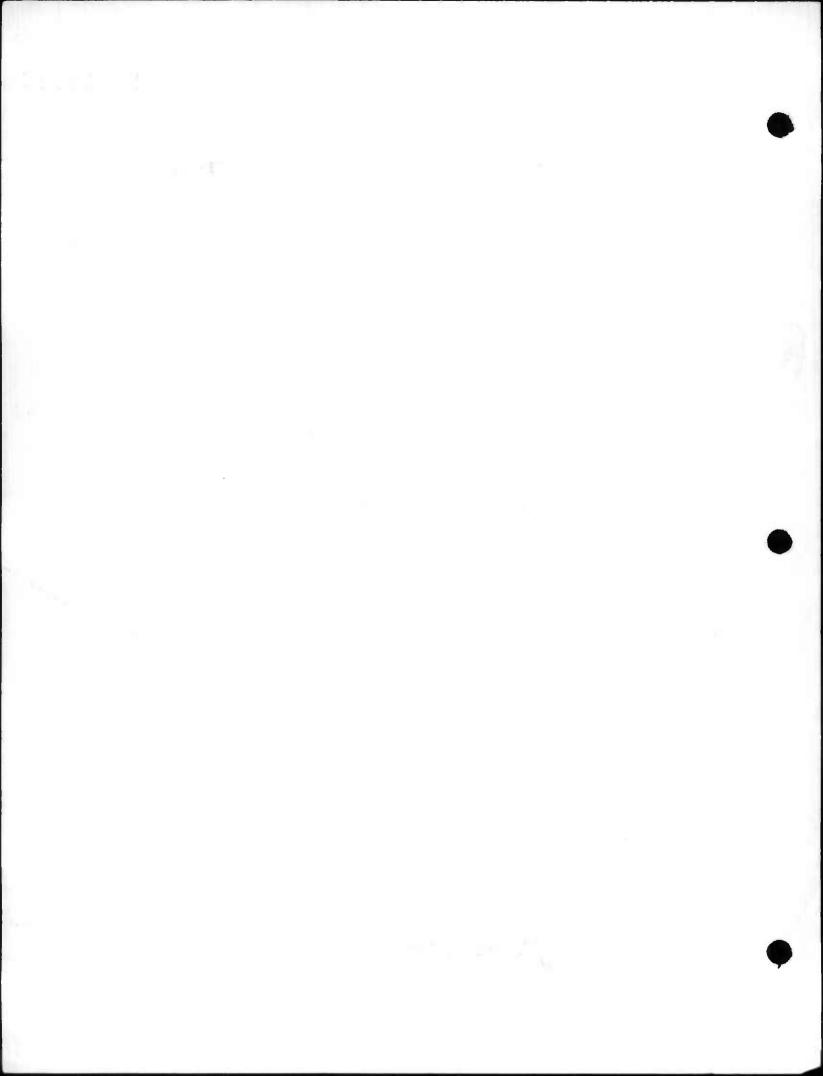
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

3. TIME OF DEATH PHILIP 90 HRUEFER 10 50 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7 DATE OF BIRTH & RISTHPL ACE (State or Foreign (Month, Day, Van 13010301 DAYS 74 HOURS 1 M 2 - F VRS Maryland pinou Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH GOOD SAMARITHM HOSP. OF MO WIC BALTIMORE DIRECTOR BALTIMORE MD 21239 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY BALTIMORE BALTIMORE 1 YES 2 NO Parkville FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9003 17 5 HARFORD 34 RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married Specify: BY WHITE 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple College (1-4 or 5+) Elementary/Secondary (0-12) 8 State Farm Insurance Co. Insurance Agent 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First Middle Melden Surname Schruefer Mary E. Walter John J. BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 same as #10a - #10f Mary V. Schruefer 200. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20e. METHOD OF DISPOSITION

Burlel 2 Cremation 3 

4 Donation 5 Other (Specify) Most Holy Redeemer 10-15-90 Baltimore. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Rd., Baltimore, Marvland 21214 Ernest 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) disesse or condition___ 5EPSIS 43DAY resulting in death) DUE TO (OR AS A CONSEQUENCE OF): URINARY TRACT IMFECTION CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): DECUBITUS ULCER cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST CEVERROUASCULAR ACCIDENT PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? MAIL ARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? OMGESTIVE HEART FAILURE 1 - YES 2 NO CARDIAC ARRITTH MIAS 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 Minpetient 2 - ER/Outpetient 3 - DOA OTHER: me 6 - Residence 6 - Other (Specify) 27, MANNER OF DEATH 26a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🕅 Natural 5 Pending Investigation м 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. COMPL FUNERAL Within 72 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. TO THE HOSPITE
TO THE FUNERA
De filed within 72
IMPORTANT: 1 29% SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) H 10 GSH oma 0 OF PERSON WHO COMPLETED CAUSE UP DEATH (ITEM 27) (Type, Print) AMKOMA-SE VICTOR GOOD Siturna Mith Hose, 5601 LOCH RAVEN BLVD, BALTOMD21239 22. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 2 1990 DHMH-16 Rev 1/89



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DR:	after	
DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	hours	

DIRECTOR

FUNERAL

BY

COMPLETED

BE

1. DECEDENT'S NAME (Firs									2. DATE OF DEATH	¥ 0 0	YEAR	3. TIME OF DEATH
Shirley		cheufele					,		MONTH 10/12	/90		М
4. SOCIAL SECURITY NUM 213-20-864		5. SEX 1 M 2 X F	6. AGE (In yrs.		MONTHS	ER 1 YEAR DAYS	IF UNDER 24 H	IRS. IIN.	7. DATE OF BIRTH (Month, Dey, Year) 7/8/24		8. BIRTH Count	PLACE (State or Foreign 9) Maryland
Sa. FACILITY NAME (If not	institution, give	street and number)			9b. CIT	TY, TOWN	OR LOCATION (	OF DE		9c. COU	NTY OF C	
7600 Clays		Apt. 120	)			Bal	timore				Bal	timore
RESIDENCE OF DE	10b. COUNT	TY		100 CIT	ry mount	OR LOCA	CON					10d. INSIDE CITY
Maryland		timore		100.01		timo					74	LIMITS?
10e. STREET AND NUMBER	1					10	I. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
3105 Rolli:	ng Roa	d					2120	7		1	U.S.	Α.
11. MARITAL STATUS  1 Never Married 2 S  3 Widowed 4 Div			IT EVER IN U.S.   YES 2   NAR OR DATES		13	If yes, sp	ENDENT OF History Cuban, M	lexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	14. RACI Blac Spec	E — American Indian, k, Whita, etc.
	CEDENT'S EDI		16a.	OECEDENT'S	work don	e durina me	ON out of working		16b. KINO OF BUS	INESS/IN	DUSTRY	300
Elementary/Secondary	(0-12)	College (1-4 or 5	+)	Hous								
17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER	'S NA	ME (First, Middle, Malden	Surname)		
Benjamin C	avey						Lu	la	Pruitt	33.		
19a. INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRE	SS (Street	and Number or I	Rural F	Route Number, City or Town	n, State, Zij	p Code)	
Mr. Willia	m Sche	ufele		310	5 Ro	ollin	g Road		Baltimore,	MD	212	07
20a. METHOD OF OISPOSE 1 ☐ Burlet 2 ☆ Cremate 4 ☐ Defeation 6 ☐ Other	lon 3 🗆 Rer	moval from State	20b. PLA othe	r place)			metery, cremetor		Service Ha		City or To	
21. SIGNATURE OF BUNEA	SERVICE L	ICENSEE		- Odi		Lori	ng Bye	rs rs	Funeral D	irec	tors	, Inc.
Ag 101	11					8728	Liber	ty	Road Ran	dall	stow	n, MD 21133
23. PART/L. Enter the shock, or immediate CADSE (Figures) or condition resulting in death)	heert failure	a. C.C.	use on each	line.	ni	0-	ode of dying,	e suci	ban cardiec or respi	ratory ar	rest,	Approximate interval Between Onset and Death
Sequentially list condi if any, leading to Imm cause. Enter UNDERLY CAUSE (Disease or inj that infliated events	ediate /ING	a Rela	OR AS A CON	ISEQUENCE C	UU XF): VQ	j)a	not	a	stase	Ka	din	

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST sub-le Ca 811 PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES 2 NO

5. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (	Check only one)	
	HOSPITAL: 1   Inpatient 2   ER/Outpatient		HER: Nursing Home 6 - Residence	e 6 Other (Specify)	
7. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCUREO	
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At I building, etc. (Specify)	home, farm, street	factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)	

2 MEDICAL EXAMINER: On the

96. SIGNATURE AND JYTLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year
T. Law ofe	125112	10/12/90

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Spp. Print)
TAHORRA KAWATA 5310 Old Colurt Red Randall Staury

31. DATE FILED (Month, Day, Year)
OCT 1 2 32. REGISTRAR'S SIGNATURE
Julia Davidson 81878 E3

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be neutified at once.
	be filed within 72 hours after death with the State Bept, of Health and Mental Hyglene prior to burial, cremation, or remove
strate and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the sta	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in symmetric and defect by detached by detached the completely filled in symmetric and detached by detached the completely filled in symmetric and symmetric page 5 should be detached.
and a special may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-rouns and region and the prospection of the hosp

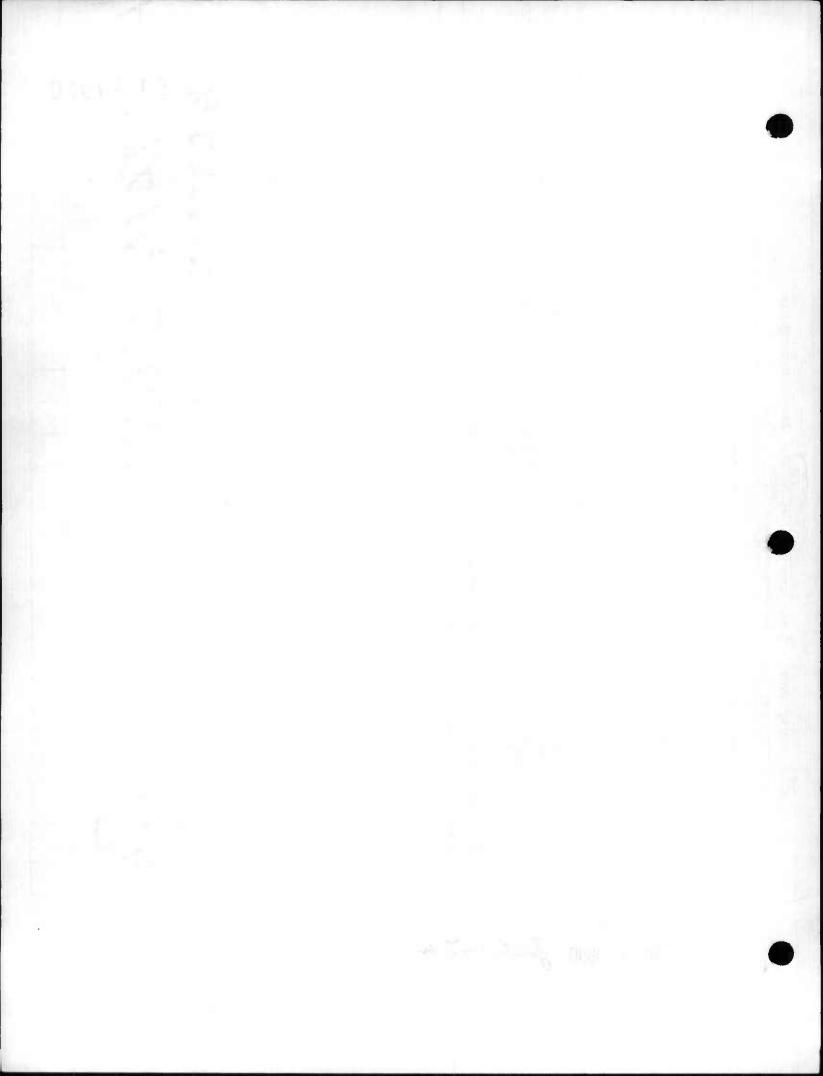
SUDKI

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32. REGISTRAR'S SIGNATURE

							2. DATE	OF OEATH			3. TIME OF DEATH	
EDWA	RD		<	SPEN	CER		MONT	0		YEAR 70	1:00 A	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)					OF BIRTH		BIRTHP	LACE (State or Foreign	
222-05-0050A	1 🖾 M 2 🗆 F	90	YRS.	YRS. MONTHS DAYS HOURS MIN.				11-26-1899			JAMICA	
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUN					TY OF DE	ATH		
	CAL CEN	ΓER		BALTIMORE, MD.								
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	TY.		10c CITY	, TOWN OR LO	PATION					-	10d. INSIDE CITY	
MD			TIMOR		CITY	/				LIMITS?		
10e. STREET AND NUMBER					101. ZIP COD				10g. CITIZ	EN OF WI	HAT COUNTRY?	
	ILTON :					216				US		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. A I YES 2 T	RMED NO	If yes,	SPECENDENT Constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constitution of the second constituti	n, Mexica	n, Puerto I	? (Specify Yes	or No-	14. RACE Black, Specify	- American Indian, White, etc.	
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Elementary/Secondary (0-12)	College (1-4 or 5	+)		rork done during e retired.)	most or works	70						
N/A			LABO	REK								
17. FATHER'S NAME (First, Middle, Last) UNKNOWN								Aiddle, Maiden	Surname)			
						<b>NKNO</b>						
MAXINE BEAL	-	1		ADDRESS (Street				,		/		
	- E			MACO			- CO	LUMBI	A, M	D. 3	21045	
20a. METHOD OF DISPOSITION 1)X□XSurial 2 □ Cremation 3 □ Ren	noval from State	20b. PLACE	OF DISPOS	HTION (Name of	cemetery, crer	natory or			CATION — C		0.00	
4 Donation 5 Other (Specify)			210	N CEM				LAN	SDOW	NE,	MD.	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  WM.C. MARCH F.H. 1101 E. NORTH AVE.												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate												
ahock, or heart fellure. List only one cause on each line.												
IMMEDIATE CAUSE (Final disease or condition )										est,	Interval Between	
disease or condition	ME										Onset and De	
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disease or condition resulting in death)	A R	TASTA OR AS A CONSI	カーと EQUENCE OF	CAN	OCER	2 6	F	PR	STR	CAT	Interval Betwee	
disease or condition	b. AR	TASTA ORAS A CONSI	TO'C  EQUENCE OF	CAN	D'C	HE	FAR	PR.	SEA	CAT	Interval Betwee	
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. AR  DUE TO	TASTA O (OR AS A CONSI O (OR AS A CONSI HROW	TO'C EQUENCE OF	CAN ERO REN	D'C	HE	FAR	PR.	SEA	CAT	Interval Betwee	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. AR  DUE TO	TASTA OR AS A CONSI	TO'C EQUENCE OF	CAN ERO REN	D'C	HE	FAR	PR.	SEA	CAT	Interval Betwee	
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YES 2 [ Hitce	given in  AS  DEATH (Ch	Part I.  Part I.  28d. Del  28d. Del  28d. Loc  City  to the car  time, date	PRE  24a. WAS AN PERFOI  1 VES :  (Specify)  CRIBE HOW  ATION (Street or Town, State	AUTOPSY AMED?  E NO  INJURY OCC  and Number of the state of due to the	24b.  24b.  24b.  or Rural Ri  ed.  e cause(e)	WERE AUTOPSY FIND AMULABLE PRIOR TO COMPLETION OF CAU	

DHMH-16 Rev 1/89



should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

retained by the hospital or attending physician. IARYLAND 21203-3146

netified at once.

ŀ	FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPAI CERTIF						REG.	NO.		90	279	21
	1. DECEDENT'S NAME (First,					SVE	НΙΔ			6 GATE	0F 444		O. AEY		12:46	P.
	Joseph  4. social security nume	S.	5. SEX	e ACE /ln	vrs. lest birthday)	,	FUNDER 1 YEAR   IF UNDER 24 HRS. 7. DATE						100	IDTUDI A	CE (State or Fore	
			1-2 M 2 □ F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	h, Day, You	1)	C	ountry)		"9"
	214-01-7152 9e. FACILITY NAME (If not in					9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH				• 50	9c. COUNTY OF DEATH			$\dashv$	
E I	FRANKLIN SQ	UARE H	OSPITAL			BALTIMORE				Baltimore			е			
5	RESIDENCE OF DEC	10b. COUNTY				ry, TOWN (	00 1 004	TION		-				104	. INSIDE CITY	=
DIRECTOR	MARYLAND	BALTI				TIMOR	RE							1 [	LIMITS?	10
₹ I	10e. STREET AND NUMBER						100	r. ZIP COD				1	S.A.		COUNTRY?	_ 1
FUNERAL	4224 PENN A	VENUE				La		2123	_							$\dashv$
	11. MARITAL STATUS  1 Never Married 25	Merried	12. WAS DECEDER	YES	2 NO		If yee, sp	ecity Cub	en, Mexics	in, Puerto	Ricen, etc.	y Yes or No .)		Black, Wi	Americen Indier lite, stc.	`
B	3 Widowed 4 Divo	rced	WWII	MAR OR DAT	ES		1 🗌 YES	2€2KNO	Specif	y:				Spec#y: IITE		_
COMPLETED		EDENT'S EDU			16a. DECEDENT'				ina	168	. KIND OF	BUSINESS	S/INDUST	RY		
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MP	N/A	N/	A	1	PRESSMA	IN								77.4.1		
BE CO	17. FATHER'S NAME (Flost, M FRANK SVEHI	A						MA	RY S	PIRK	A	iden Sumar				
5	MARGARET M.		LA (WIFE)	)	19b. MAILIN 4224	G ADDRES PENN	AVE	NUE,	BAL	TIMO	RE, I	MARYI	AND	212	36	
	28a, METHOD OF DISPOSIT		oval from State		PLACE OF DISPO							LOCATIO				
	4 Donation 5 Other	(Specify)		_ MO:	ST HOLY			-			B.	ALTIM	10RE	CIT	Y, MARY	(LAN
		SERVICE ER	CENSEE				22. NAME AND ADDRESS OF FACILITY SCHIMUNEK FUNERAL HOME									
	Joh	~ T	Gell	ب			9705 BELAIR ROAD, BALTÍMORE, MARYI enter the mode of dying, such as cerdiac or respiretory errest,				LAND 21	L236				
	23. PART I. Pritar the danck, or h iMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart feilure.	Arter	ioscl	the death. Do ch line. CONSEQUENCE	Card						espiretor	y erreat,		Approximatinterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterval Betterv	tween Death
CERTIFICATION	Sequentially flat condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete iNG iry	Ç		CONSEQUENCE											
-1	PART ii. Other aignific		na contributing to	death bu	t not reauiting	in the u	inderlyir	ng cause	given in	Part i.		S AN AUTO			RE AUTOPSY FIN	Contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of th
PHYSICIAN: MEDICA		ione										RFORMED1 ES 2 □ N		co	MPLETION OF CA DEATH?	
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CIA	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C	heck only o	one)					
YSI	1 YES 2 NO		1 Inpatient 2	ER/Outpa	itlent 3 🗆 DOA			me 6 🗆 F	Residence	_	er (Specify					
ву Рн	27. MANNEH OF DEATH  1 Natural 6  2 Accident	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	28b. T	ME OF YJURY M	W	JURY AT ORK? YES 2	□ NO	26d. DE	EŞCRIBE H	IOW INJUR	y occuri	ED		
B	a Doubelds —	Could not be determined	28e. PLACE building	OF INJURY - , etc. (Specif	— At home, farm	, street, fac	ctory, offi	ce		28f. LO C/h	CATION (S y or Town,	treet end Ni State)	umber or f	Rural Route	Number,	
COMPLET	one) by		ICIAN: To the best of												4 =====================================	
8	') <u>med</u>		ER: On the basis of	- Amilia Microfil		icon, iti my	ориноп,				e ena piac					areu.
BE	29b. SIGNATURE AND TITE		eputy Me	edical	l Exami	ner			1085				Oct		onth, Day, Year)	
10	30 Salar Auto ADDINESS O		o completed ca				Stre		2120				000	10,	1330	
	31. DATE FILED (Month, Day				in Bridge											

31. DATE FILED (Month, Day, 16ar)

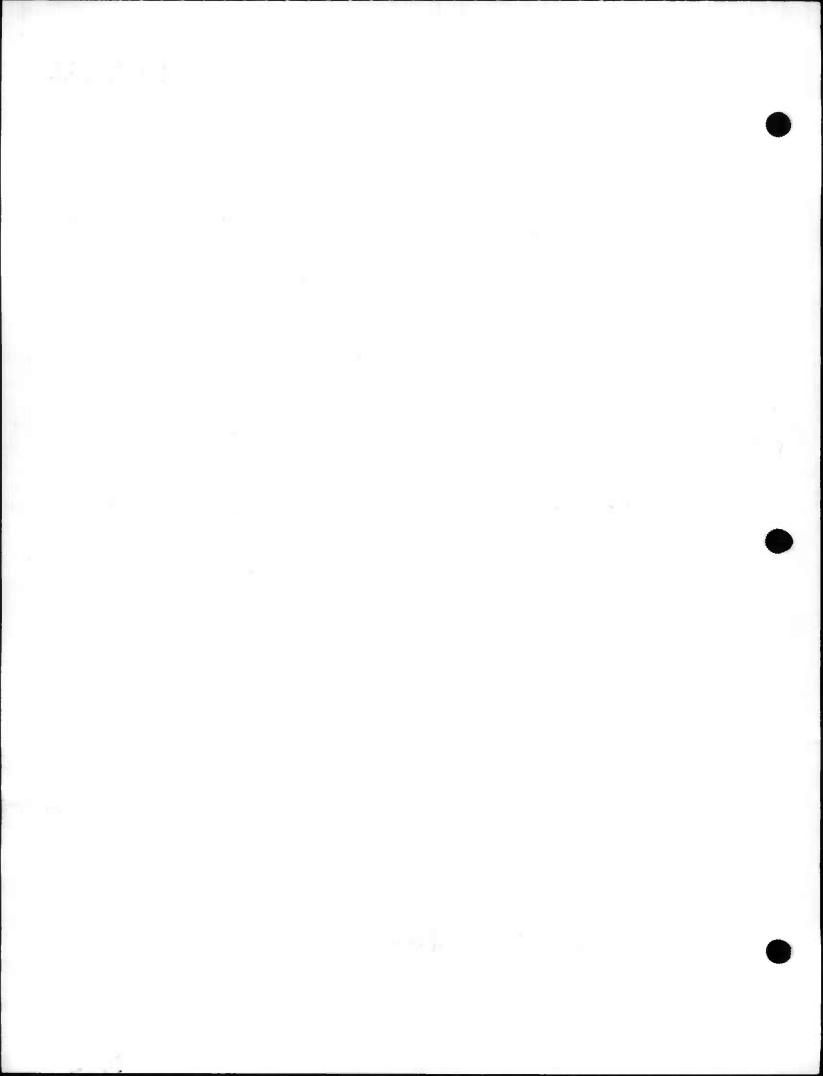
OCT 1 2 1990

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page presented by the hospital or attending physician program of the property of the control of the physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physician physicia	BALTIMOBE WARYLAND 21203-3146 after death. Par Entered in the hospital or attending physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical physical
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending pryscianl and completery nied in by the luneral directions are perfected for use as the buna be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mental status of a lonce.	Althorid at once.

	FOR											30	2	192	2
1	FOR 1 - STATE REGISTRAR		STATE UP IN	MARYLAN	D / DEPAR CERTIF			EALTH AND I DEATH	MENTA	L HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First,								2. DATE	OF DEATN		YEAR	3. TIM	E OF DEATH	
ĺ		Charle	es H.		Si	mon			10	-10-90	j	T LONIN	1	0:00P	Мм
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yr	s. last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.						8. BIRTI Count	ry)	(State or Fore	ilgn
	215-16-076			0,5	Tho.	Oh CITY T	20401.0	R LOCATION OF DE		. 22 1		INTY OF E		D.	
DIRECTOR	University	Hospit				96. CITY, 10		ltimore			9c. COU		DEATN		
ᇤ	RESIDENCE OF DEC	10b. COUNTY			10c, CIT	Y, TOWN OR	LOCAT	ION					10d. II	SIDE CITY	
H	MD.	BAI	LTIMORE			BALTI	MOR	E					L	IMITS? YES 2 💢 N	10
- 1	10s. STREET AND NUMBER						10f.	ZIP CODE			10g. CIT	rizen of	WHAT C	DUNTRY?	
ER/	1804 RUSH	LEY ROA	AD.					21234				U.S	S.A.		
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1					ENDENT OF NISPAN			or No-	14. RAC	E — Am	erican Indiar , stc.	۹,
ВУ	1 Never Merried 2 🔀 3 Widowed 4 Divo		IF YES, GIVE V					2 ∑ NO Specify		moun, etc.)		Spec	:lly:		
- 43		EDENT'S EDUC	TION	10.	a. DECEDENT'S	Hellal occ	HIDATIO	AI.	1 405	KIND OF BUS	INIEGO /IN	DUETRY		WHITE	
COMPLETED	(Specify only	highest grade o	ompleted)		(Give kind of life. Do NOT u	work done dur	ring mos	st of working	100	KIND OF BUS	ine so/in	DUSTRI			
2	Elementary/Secondary (0 N/A	-12)	N/A	°)  cc	NTRACT	ADMI	NIS	TRATOR			FEDI	ERAL	GOV	¹T	
OM	17. FATHER'S NAME (First, Mi	iddle, Last)	21/21					18. MOTNER'S NA	ME (First, i	Middle, Malden	Sumame)				
	ALFRE	D PAUL	SIMON					LOF	RETTA	GERHO	LD				
38 C	19e. INFORMANT'S NAME (7)	ype/Print)			19b. MAILING	ADDRESS (	Street a	nd Number or Rural i	Route Num	ber, City or Town	n, State, Z	ip Code)			
2	JEAN SIMON	(WIFE)	1			1804	RUS	HLEY ROA	D, B	ALTIMO	RE 1	D.	212	34	
)	20e. METHOD OF DISPOSITI	n 3X Remo	val from State	007	her place)			CEMETER	RY			- City or T		URG,	PA.
	21. SIGNATURE OF FUNERA		NSEE		4	22. NA	AME AN	D ADDRESS OF FA	CILITY					,	
	1	/ -	7/	1//				MUNEK FU Brehms					14	21 21 2	
	23. PART I, Briter the di	iseases, or co	emplications the	ot coused th	e deeth. Do					<u> </u>				Approxima	
	shock, or he	eert fellure. L	ist only one car					,				,	- 11	Interval Be Onset and	tween
	IMMEDIATE CAUSE (Findiseese or condition		i booti	niumic	\ <b>a</b>										
ŀ	resulting in death)		. Head i		NSEOUENCE C	F):							-		
z		<b>C</b> b											ļ		
CERTIFICATION	Sequentially list conditi If any, leading to imme		DUE TO	(OR AS A CO	INSEQUENCE C	F):									
3	ceuse. Enter UNDERLY! CAUSE (Disease or Inju														
E	that initiated events resulting in deeth) LAS		DUE TO	OR AS A CO	INSEQUENCE C	NF):							i		
H H		d											$\dashv$		
T.	PART II. Other aignifica	nt conditions	contributing to	deeth but	not resulting	in the und	erlying	ceuse given in	Part I.	24a. WAS AN PERFOR		/ 24		AUTOPSY FIN	
PHYSICIAN: MEDICAL										XXXXYES 2		- 1		LETION OF CA	
ME													XXX	YES 2 N	ю
ä												l_			
5	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:		ACE OF DEATH (C)	eck only o	ne)					-
YSI	1) CYS 2 □ NO		1 Inpetient 2			4 - Nursir	ng Nom	e 5 🗆 Residence							
	27. MANNER OF DEATH  1 Netural 5	Pending	1.0 Month 0		28b. TH	UPM 2		URY AT RK? YES 2 NO	1000	scribe How i			ı la	dder	
BY	Accident	Investigation			At home, farm,					CATION (Street					-
	3 Sulcide 6 S	Could not be determined		, etc. (Specify)			,,			4 Rous					re,M
9	29e. CERTIFIER	TIEVINO BUVOIO	NAME To the best of	A tt-t-t	d all								_	_	
COMPLETED	(Check only							end place, end due eath occured at the					(e) end :	nenner es 🛋	inted.
	20b. SIGNATURE AND TITLE	A			- Arrowing and	.,, opi				p, 41					0.00
BE	295. SIGNAL UNE AND THE	CERTIFIER .						OCME	MBER		290, 0/	10-	11-	90 (Year)	
2	11/1/1		COMPLETED CAL												

30. MAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FRANK PERETTI, MD 111 Penn Street, Baltimore, MD 21201

DHMN-15 Rev 1/89



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146, ACRETAL OR ATTENDING PHYSICIAN: The law requires that the death certificials be executed within 20

spital or attending physician.	ed for use as the burial-transit permit. Pages 1, 2, 3 should	
within 24 yours after death. Page 6 may be retained by the hos	vietely filled in by the funeral director, page 5 should be detach remation, or removal.	ent, the medical examiner must be notified at once.
PHYSICIAN: The Law requires that the death certificate be executed within 24-riours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be detached for use as the burlat-transit permit.	riced, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PH	TO THE FUNERAL DIRECTOR: After heath	IMPORTANT: If Item 28 is marked

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, 2. DATE OF DEATH 3. TIME OF DEATH 05 7. DATE OF BIRTH (Month, Day, Year 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 1 - M 2 KF 50 1155 900 IARY Sa. FACILITY NAME /If not institution, give street and number) 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH allston DIRECTOR Genera HOS liston a RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALT PARYLAND YES 2 NO Mors FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S 2504 AVS 21214 00 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yee, specify Cuban, Mexican, Puerto Rican, etc.)
 UES 274 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced KW COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 8485 Hom 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) BOPP 5220CE SOCILHAUP BE THE INFORMANT'S NAME (Type/Pilot) 19b. MAILING ADDRESS (Street and Numb 2 AMILY 20b. PLACE OF DISPOSITION (No. 20s. METHOD OF DISPOSITION
106 Burlel 2 Cremetion 3 Removal from State 20c. LOCATION -- City or Town, State ☐ Donation 5 ☐ Other (Specify) 5 RY CHAPL 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDE Wilson OF EVANS -PARK ROAD 8800 HARFURD 100 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. Liet only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) NEMRCTION ACUTE MYOCARBIAL DUE TO (OR AS A CONSEDUENCE OF): NGESTIVE CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING ESPIRMURY CAUSE (Disease or Injury QUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST FAILVRE MELLITU MEUNIC PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 | YES 2 | ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER:
4 | Nursing Home | 5 | Residence | 6 | Other (Specify) 1 Inpatient 2 - ER/Outpatient 3 - DOA 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide a 🗀 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEGICAL EXAMINER: On I e basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 3950 BE 90 MOES D 10 estell MO 2 WHD COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) 0

Wha Will asok-yander

OCT 1 2 1990

BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAN		IT OF HEALTH AND	MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)		7.4		2. DATE OF DEATH		3. TIME OF DEATH
	70	HO H. S.	SELK )	SR.	OCTOBER :	5 1990	M N
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr		ER 1 YEAR F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	S. BIRT	HPLACE (State or Foreign
	214 24 4827	15 M 2 0 F 60	YRS. MONTHS	DAYS HOURS MIN.	OCT.11.15	729 MF	ARYLAND
_	9s. FACILITY NAME (if not institution, give st	reet and number)	9b. CF	TY, TOWN OR LOCATION OF DI	EATH	9c. COUNTY OF	DEATH
ECTOR	Peninsula General	Hospital	S	alisbury, MD		Wicon	nico
n D	10a. STATE 10b. COUNTY	•	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
DIR	FLORIDA SAR	LASOTA	Sno	Lewood			1 ☐ YES 2 X NO
FUNERAL	10e. STREET AND NUMBER	N 1 (	200	10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
Ä	1397 FORKED	LREEK	DRIM	342	3	0.3	S-17.
2	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	: NO	<ol> <li>WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexico</li> </ol>	n, Puerto Rican, etc.)	or No- 14. RAC	CE — American Indian, ck, White, etc.
R	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	S	1 TYES 2 NO Specif	<b>y</b> :	Spe	ON:
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16	a. DECEDENT'S USUAL	OCCUPATION to during most of working	16b. KIND OF BUS	BINESS/INDUSTRY	2011
T I	Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use retired	()	(		
COMPL	12 YRS-		SILF	₩.	11 103	ic k	Jist
	17. FATHER'S NAME (First, Middle, Last)	2011127 -		18. MOTHER'S NA	AME (First, Middle, Malden	Surname)	010.0
BE	19a. INFORMANT'S NAME (Type/Print)	- 2(4175	19b. MAILING ADDRE	SS (Street and Number or Rural	Boute Number City or Tow	n. State. Zin Code)	167711
임	FAMILY R	208073	SA	ms As 6	3Bairs	,	1
	20s. METHOD OF DISPOSITION		ACE OF DISPOSITION (	Name of cemetery, cremitory or	20c. LO	CATION — City or	Town, State
	1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	Sval from State	ORELANG	MEM. PA	RK MA	RKVILL	E. Mo.
	21. SIGNATURE OF LINERAL SERVICE-LIC	ENSEE		2. NAME AND ADDRESS OF FA	OF M	emor	123
	- House of	Eran h		3800 HARF	FORD ROP	10-PAI	RKVILLE
	23. PART i. Enter the diseases, or capacit fallure	complications that caused th		er the mode of dying, suc	ch as cardiac or respi	iratory arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final	AA A		0 /			Onset and Death
	disease or condition resulting in death)	Metastal	~	on love	in		2 months
		DUE TO (OR AS A CO	INSEQUENCE OF):				
NOI	Sequentially list conditions,	b					
CATION	if any, leading to immediate cause. Enter UNDERLYING	b					
TIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	INSEQUENCE OF):				
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b	INSEQUENCE OF):				
S	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS A CO	ONSEQUENCE OF):	underlying cause given in			No. WERE AUTOPSY FINDINGS
AL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CO	ONSEQUENCE OF):	underfying cause given in	Part I. 24a. WAS AN PERFOI	RMED?	No. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL C	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO (OR AS A CO	ONSEQUENCE OF):	underfying cause given in	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition	b DUE TO (OR AS A CO	ONSEQUENCE OF):		PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the	26. PLACE OF DEATH (C	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 LATO	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the	26. PLACE OF DEATH (C ER: turning Home 5	PERFOI 1 YES 2 heck only one) 6 Other (Specify)	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CO	ONSEQUENCE OF):  ONSEQUENCE OF):  not resulting in the	26. PLACE OF DEATH (C	PERFOI	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 1400  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OR AS A CO DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  HOSPJTAL: 1 Unification 2 ER/Outpette 28e. DATE OF INJURY (Month, Day, Year)	onsequence of):  onsequence of):  not resulting in the  ont 3 \( \) DOA \( \) OTH  28b. TIME OF INJURY  M	26. PLACE OF DEATH (C ER: turning Home 5   Residenca 26. INJURY AT WORK? 1   YES 2   ND	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d, DESCRIBE HOW (Sireet	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 LAGO  27. MANNER OF DEATH  1 Netural 5 Pending investigation	DUE TO (OR AS A CO	onsequence of):  onsequence of):  not resulting in the  ont 3 \( \) DOA \( \) OTH  28b. TIME OF INJURY  M	26. PLACE OF DEATH (C ER: turning Home 5   Residenca 26. INJURY AT WORK? 1   YES 2   ND	PERFOI 1 YES 2 heck only one) 6 Other (Specify) 28d, DESCRIBE HOW	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
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BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only)	DUE TO (OR AS A CO DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  HOSPITAL: 1 G-Thipatient 2 DER/Outpetle 28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — building, etc. (Specify)	onsequence of):  onsequence of):  not resulting in the  ont 3 DOA 4 D  28b. TIME OF INJURY M  At home, ferm, street, t	26. PLACE OF DEATH (CI	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW  26f. LOCATION (Street City or Town, State)  e to the cause(a) and ma	INJURY OCCURED  and Number or Rura	AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident 3 Suicide 6 Could not be determined  29s. CERTIFIER (Check only)	DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO d.  HOSPITAL: 1 G-ffipultent 2 = ER/Outpette 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — building, etc. (Specify) ICIAN: To the best of examination as	onsequence of):  onsequence of):  not resulting in the  ont 3 DOA 4 D  28b. TIME OF INJURY M  At home, ferm, street, t	26. PLACE OF DEATH (CER:  Lursing Home 5   Residence  26. INJURY AT WORK?  1   YES 2   ND  Lectory, office  te time, date and place, and du y opinion, death occured at the	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d, DESCRIBE HOW 2  28f, LOCATION (Street City or Town, State, or to the cause(a) and mage time, date and place, or MBER	INJURY OCCURED  and Number or Rura  nner as stated, and due to the cause	AMILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  No No No No No No No No No No No No No No N
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  DUE TO (OR AS A CO  d.  HOSPITAL:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQU	26. PLACE OF DEATH (CER: Auraing Home 5   Residence 26. INJURY AT 1   YES 2   ND sectory, office be time, date and place, and du ny opinion, death occured at the	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  28d, DESCRIBE HOW 2  28f, LOCATION (Street City or Town, State, or to the cause(a) and mage time, date and place, or MBER	INJURY OCCURED  and Number or Rura  nner as stated, and due to the cause	AMALABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  If Route Number,
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  DUE TO (OR AS A CO d.  DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQU	26. PLACE OF DEATH (CLER: furning Home 5   Residence 26c. INJURY AT WORK? 1   YES 2   ND sectory, office  te time, date and place, and du ny opinion, death occured at the	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW or Town, State, city or Town, State, e to the cause(a) and mae time, date end place, end  MBER	INJURY OCCURED  and Number or Rura  nner as stated, and due to the cause	AMILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  No No No No No No No No No No No No No No N
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS A CO  DUE TO (OR AS A CO  d.  DUE TO (OR AS A CO  d.  HOSPITAL:  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQU	26. PLACE OF DEATH (CER:  Lursing Home 5   Residence  26. INJURY AT WORK?  1   YES 2   ND  Lectory, office  te time, date and place, and du y opinion, death occured at the	PERFOI  1 YES 2  heck only one)  6 Other (Specify)  26d. DESCRIBE HOW or Town, State, city or Town, State, e to the cause(a) and mae time, date end place, end  MBER	INJURY OCCURED  and Number or Rura  nner as stated, and due to the cause	AMILABLE PROR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  No No No No No No No No No No No No No No N

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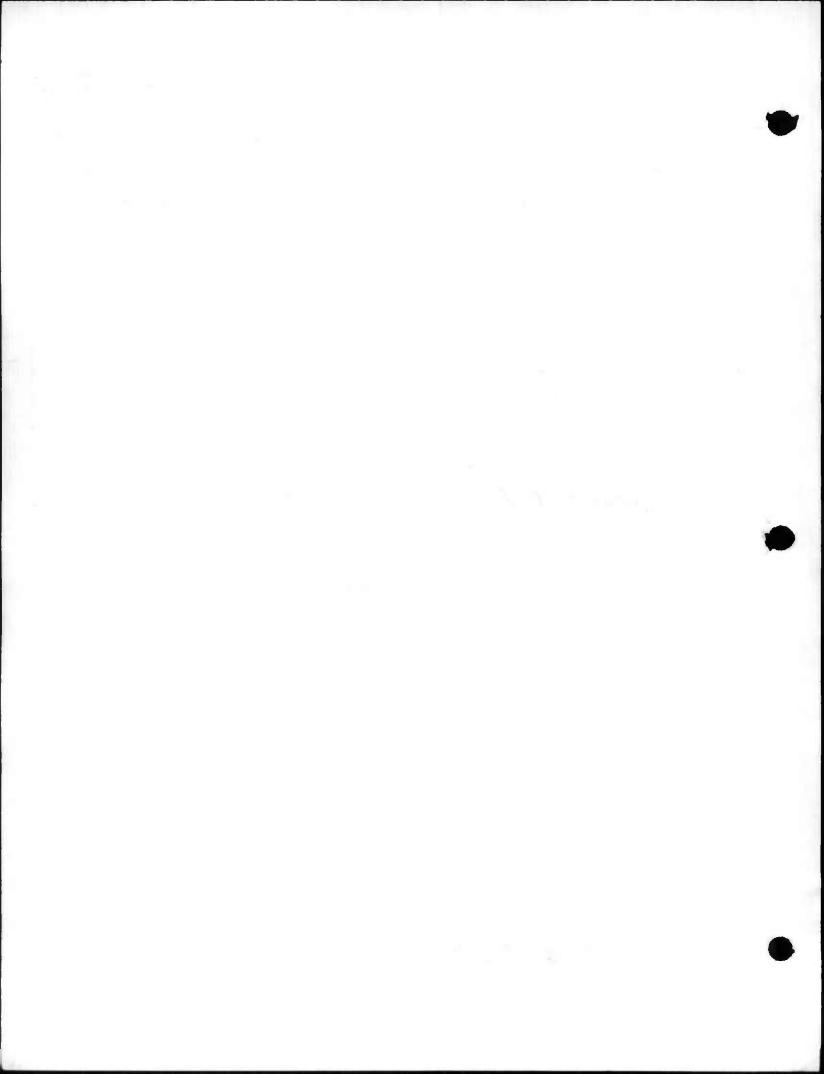
FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	0	2	7	9	2	5

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last)		<del>-</del>			2. DATE OF DEATH		3. TIME OF DEATH
	SHUDER DOLE	1166 D	olores A	C3		4	my ye 9	
	4. SOCIAL SECURITY NUMBER 5. SE			UNDER 1 YEAR		7. DATE OF BIRTH	100	DIRTHPLACE (State or Foreign
		/	400	THE DAYS	HOURS MIN.	(Month, Day, Year) I		Country)
	219-05-9455	M 2 FF	7 9 YRS.			2-8-	1/	Maryland
	9a. FACILITY NAME (If not institution, give street an	nd number)	9b	CITY, TOWN O	R LOCATION OF DEA	тн	9c. COUNTY	
œ	Ilara-a Hica	-11 C1	(FX) (			1	011	14 ( -11
2	HARBOR 10591	THI	- NITCH		Balto.C	ity,Md.	Bout	INSCE CITY
입	10a. STATE 10b. COUNTY		10c. CITY. TO	OWN OR LOCAT	ION			10d, INSIDE CITY
<u>E</u>								LIMITS?
0	Maryland		Ba		ity,Md.			1 TYPES 2 NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8	5607 Liberty T	orrago			21	225		USA
Z		WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC		C ORIGIN? (Specify Ye		RACE American Indian, Black, White, etc.
田	1 Never Married 2 Married F	ORCES? 1 YES	2) THO	II yes, spe	cify Cuben, Mexican.			
B	★₩ Widowed 4 □ Divorced	F YES, GIVE WAR OR DA	TES	1 TYES	2 NO Specify:			Specify: White
				<u> </u>		I was an in the second	1	
9	15. DECEDENT'S EDUCATION (Specify only highest grade complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided in the complete and provided	eted)	16a. DECEDENT'S USI (Give kind of work	done during mo-	N st of working	16b. KIND OF BU	JSINESS/INDUST	RY
PLET	Elementary/Secondary (0-12) Coli	lega (1-4 or 5 +)	ille. Do NOT use re	tired.)				
ם	6th.GRade		Hom	emake	r	Ov	n Hom	e
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Malde	n Sumame)	
		0.10				,		
8	Daniel	<u> </u>	onnell_			<u>ine</u>		Bentlev
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or To		
-	Mrs.Sherry Lee Wa	tson	5607	Libe	rty Ter	race, Bal	to.Md	.21226
	20a. METHOD OF DISPOSITION	20b	PLACE OF DISPOSITION	ON (Name of cen	netery, crematory or	20c. L	OCATION — City	or Town, State
	Burial 2 Cremation 3 Removal for 4 Donation 6 10ther (Specify)	rom State	alto.Nat	ional	Cemt	1	Balto.	мд.
	21, SIGNATURE OF FUNERAL SERVICE LICENSE		ar op ma o		ID ADDRESS OF FAC	II ITY		
	1// > 0.0	//				Ba	alto.M	d.21230
	Vaniel (1	Har	10	M-C	11 Dane	1 II	120	D. Donel Jose
	23. PART i. Enter the diseases, or comp	lications that used	the death. Do not					E Fort Ave
	shock, or heart fallure. List of				,			interval Between
	IMMEDIATE CAUSE (Final	. (			•			Onset and Death
	disease or condition resulting in death)	Assivoil	ion Phei	LWOV	wor			
	Tooling in John J.	DUE TO (OR AS A	CONSEQUENCE OF):	1				
-		stage -	TT Day	la -	1			
CERTIFICATION	Sequentially list conditions, b		CONSEQUENCE OF):	W.				
F	if any, leading to immediate cause. Enter UNDERLYING	11-	. 0	- 1 1				
3	CAUSE (Disease or injury	UIL	CONSEQUENCE OF	while	Sepsin			
=	that initiated events	DUE TO (OH AS A	CONSEQUENCE OF	-	1 4			i I
K	resulting in death) LAST	216 6	wwww	4 E	work			
	DART II Osh a similitaan aandislaa aa	-Adhridan Andradh A		1	t t- t	Don't las unos	N AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	PART ii. Other aignificant conditions con	ntributing to death b	ut not resulting in 1	na underryin	g cause given in i	PERFO	PRMED?	AMAILABLE PRIOR TO
2						1 YES	2 🔲 NO	OF DEATH?
								1 YES 2 NO
2						_		
Z	AT WAS CASE DESCRIPTED TO MEDICAL			00.00	105 05 05 1511 101	4 - 4 1		L
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		THER:	LACE OF DEATH (Che	ck only one)		
S	1 🗆 YES 2 🗆 NO 1 🗸	Inpetient 2 - ER/Out	ationt 3 DOA 4		e 5 🗆 Residence	6 Other (Specify)		
Ŧ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME C	28c. IN.	URY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Netural 5 Pending	(WOID, Day, 1841)	INGON.		YES 2 NO			
BY	2 Accident Investigation	28e. PLACE OF INJURY	— At home, farm, stre	et, fectory, offic		261. LOCATION (Street	t and Number or	Rural Route Number,
COMPLETED	3 Suicide 6 Could not be 4 Homicide datermined	building, atc. (Spec	olfy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1	City or Town, Star		
E								
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN:	To the best of my know	ledge, death occurred	at the time, date	and place, and due	to the cause(a) and m	enner as stated.	
Σ	one) 2 MEDICAL EXAMINER: On	the basis of examination	n and/or investigation,	in my opinion, e	leath occured at the	time, data and place,	and due to the c	suse(a) and manner as stated.
8								
B	29b. SIGNATURE AND TITLE OF CERTIFIER		11		29c. LICENSE NUM	IBER	29d. DATE S	GNED (Month, Day, Year)
UO				1	1		10-	x -40 10-0
	H. hilkinson	1. 1 - (UI)	MILKING	D IV	1			10 10 4
5	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	1			- 10 10 A.
	77775	MPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr	int)	1			- 10 10 A.
	30. NAME AND ADDRESS OF PERSON WHO CO			int)				70 10 4.
	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DE		int)				- 10 10 A.

DHMH-16 Rav 1/89



1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ERTIFIC	CATE	OF	DEATI	1	REG. NO	).		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
NORMAN J SERP								10 0		90	10:53 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24	HRS.	7. DATE OF BIRTH	i	8. BIRTI	HPLACE (State or Foreign
	\	60	YRS.	ONTHS D	DAYS	HOURS	MIN.	(Month, Day, Year) 12-5-	1021	Count	(ער
9a. FACILITY NAME (If not institution, give at		68		Oh CITY TI	DWW 0	R LOCATION	OF DE		9c. COU		Maryland
							OF DE	AID	96. COU		ZEATH
NORTH ARUNDEL	HOSPITA			GLEN	A RI	JRNIE				AA	
RESIDENCE OF DECEDENT  10a, STATE  10b, COUNTY	,		soc CITY	TOWN OR	LOCATI	ON				_	10d. INSIDE CITY
			100.0111,								LIMITS?
	e Arund	<u>el</u>				ader	ıa				1 TES 2 KNO
10s. STREET AND NUMBER					101.	ZIP CODE			10g. CITE	ZEN OF	WHAT COUNTRY?
520 Sylvan Wa	y				4		21	122		U.	S.A.
11. MARITAL STATUS	112. WAS DECEDEN							IC ORIGIN? (Specify Y	es or No—	14. RAC	E — American Indian, ik, White, etc.
1 Never Married 2 Married	IF YES, GIVE V	YES 2 WAR OR DATES	NO			cify Cuban, 2 □ _c NO		n, Puerto Rican, etc.)		Spec	E TO SECOND
3 Widowed 4 Divorced			00/10			X	фози			-	White
15. DECEDENT'S EDU	CATION	16a.	DECEDENTS	SUL DCC	UPATIO	N:		16b, KIND OF B	JSINESS/IND	USTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of wo life, Do NOT use	rk done dun	ring mos	t of working					
	conege (1-4 or 5							1			
12th gradb		U	tility	7 40	rke		Die Hai	ME (First, Middle, Maide		nem	ical
The street is set whome, the st	Edman	d Cam	n			-114		9			
	Luwar	d Ser					nna				
18a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	Street ar	nd Number o	r Flurni F	Route Number, City or To	wn, State, Zip	Code)	
Mrs. Dorothy T.	Sern		520 S	vlva	n V	Vay		Pasadena	, Ma	ry1	and 2112:
20a. METHOD OF DISPOSITION		20b. PLA	CE OF DISPOSI	TION (Name	of cem	etery, creme	lory or	20c. L	OCATION —	City or T	own, State
1  Burial 2  Cremation 3  Rem 4  Donation 5  Other (Specify)	ovel from State		Have	n Me	moi	cial	Pa	rk G1	en B	urn	ie, Md.
21. SIGNATURE OF FUNERAL SERVICE LIC	CENGER	//				D ADDRESS	_				
10/1 . //	11 1	/									. 21122
Valery S. D.	olyneah	/		Mc	Cı	111y	Fu	neral Ho	me o	f P	asadena
Sequentially list conditions, if sny, leading to immediate	a Isc	OR AS A CON	- Ha	art	I	λς حد	څو				8 years
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO	(OR AS A CON	SEQUENCE OF	:	_						
resulting in death) EAST	d										
PART II. Other significant condition	ne contributing to	death but no	et moutting is	the und	orbeloe	course of	unn in	Dart I Die 1980 i	IN AUTOPSY	100	b. WERE AUTOPSY FINDINGS
	_					i cause gi	voii iii		DRMED?		AMILABLE PRIOR TO
- Conges	tive P	recyt	-ai	re				1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
											1 YES 2 NO
								100			
25. WAS CASE REFERRED TO MEDICAL					26, PL	ACE OF DE	ATH (Ch	eck only one)			
EXAMINER?	HOSPITAL:	FR/Outnation		OTHER:		s [] Bee	Idense	6 Other (Specify)			
27. MANNER OF DEATH	28e. DATE OF		28b. TIME		8c. INJ		Car (Ca	28d. DESCRIBE HOW	INJURY OC	CUBED	
1 Natural 5 Pending		Day, Year)	INJL	JRY	WO	RK?		Lou. DESCRIBE NOT	. awoni oc	JUNED	
2 Accident Investigation	-					/ES 2 []	MU				
3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — AI , etc. (Specify)	nome, farm, si	reet, factor	ry, office			281, LOCATION (Street City or Town, Sta	t and Numbe le)	r or Rural	Route Number,
4 Homicide determined											
Conson only								to the cause(s) and m time, date and place,			(e) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	ISE NUI	MBER	29d. DAT	TE SIGNE	D (Month, Day, Year)
MADE OVIN M D	N	10.00	Dr.	1 m		D.	28	000	1	101	2190
MARC OKUN M.D.  30. NAME AND ADDRESS OF PERSON WE		SE OF DEATH	TEM 27) (Type	Print)		7	0	- 0 0		1	4110
				-							
	202 110	CDITAL	DDIVE	CLEN	DIII	DALTE	MAD	VI AND DAD	C 1		
	. 203 HO	SPITAL	DRIVE	GLEN	BUI	RNIE,	MAR	YLAND 210	61		
of 1 2 1990	Ø L. 32, REGISTR	SPITAL	E	GLEN	BUI	RNIE,	MAR	YLAND 210	61		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be flied within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lid be detached for use as the burish-transit permit. Pages 1, 2, 3 should

be married by the hospital or attending physician. /LAND 21203-3146

ed at once.

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

y be	age		9
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 25-mours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page		IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be
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dea	e fur	ei.	exa
afte	Ø #	MOV	Ical
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NO	R: Af	ar de	8
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8	DIRE	hours	tem
M	RA	2	#
OSP	UNE	rithin	ANT
포포	HE F	w pe	ORT.
101	101	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	F
-	-		

OCT 1 2 1990

	1 - FOR STATE OF MARYLAND / CE	DEPARTMENT ( ERTIFICATE		MENTAL HYGIENE REG. NO.	90 27927
į	1. DECEDENT'S NAME (First, Middle, Last)  MYRTLE A. STOWE			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH 9:40 PM
	4. SOCIAL SECURITY NUMBER 244 14 8132 5. SEX 6. AGE (In yrs. least	YRS. MONTHS E	DAYS HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year 1/28/14	8. BIRTHPLACE (State or Foreign Country)  PLABATMA
TOR	9a. FACILITY NAME (If not institution, give street and number) Harbor Hospital Center RESIDENCE OF DECEDENT	1	own on Location of DE ltimore (	COUNTY OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY  Maryland Anne Arundel	10c. CITY, TOWN OR			10d. INSIDE CITY LIMITS? 1 ☐ YES 2 및 NO
FUNERAL	313 Hospital Drive		101. ZIP CODE 21061		U.S.A.
BYFO	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARIESTORIES? 1 YES 2 WAS IF YES, GIVE WAR OR DATES	10 If y	IS DECENDENT OF HISPAN res, specify Cuban, Maxice YES 2 NO Specify		r No— 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	(Specify only highest grade completed) (Gillife.  Elementary/Secondary (0-12) Coffege (1-4 or 5+)	CEDENT'S USUAL OCC ive kind of work done dur . Do NOT use retired.)	ring most of working	18b. KIND OF BUSIN	
	17. FATHER'S NAME (First, Middle, Last)	Diagnostic	18. MOTHER'S NA	ME (First, Middle, Melden Sui	ATT .
TO BE	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	E CHEROL SERVICE	Street and Number or Rural	e Roquemor  Route Number, City or Town, S	
	20a. METHOD OF DISPOSITION  1 String 2 Cremation 3 Removal from State other plants.	OF DISPOSITION (Name	o of cometery, crometory or morial Park	20c. LOCA	TION — City or Town, State  Burnie, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NA G	eorge J. Go	once Funeral	-
	PART I. Enter the diseases, or complications that caused the deshock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final	esth. Do not anter the	na mode of dying, suc	h as cardiac or reapirat	
	disease or condition resulting in death)  a. HEPATIC II  Light To The Action of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t	ON BENDA	L FAILU	RE	
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING		-Y //C ///U	EMIH	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	QUENCE OF):			
AL	PART II. Other eignificant conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to death but not recorded to the conditions contributing to the conditions contributing to the conditions contributing to the conditions contributing to the conditions conditions contributing to the conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions conditions			Part I. 24s. WAS AN AL PERFORM!	ED? AMAILABLE PRIOR TO
PHYSICIAN: MEDIC	aortic Stenosis E Mild	Irsuth	ciency	_   `	1 □ YES 2 ANO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHER:			
	1 VES 2 NO 1 Inpetient 2 ER/Outpetient 3  27. MANNER OF DEATH  1 Netural 5 Pending  Pending  Pending		BC. INJURY AT WORK?	28d. DESCRIBE HOW INJ	JURY OCCURED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be datarmined 28e. PLACE OF INJURY — At he building, etc. (Specify)	>ma, farm, atreet, factor	ry, offica	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, de one)  2 MEDICAL EXAMINER: On the basis of examination and/or				
TO BE C	206. SIGNATURE AND TITLE OF CERTIFIER SUSAN Drividad, Ha	use stay	29c. LICENSE NU	MBER	29d. DATE SIGNED (Month, Day, Year)  109990
F			OSPITAL		, ,
	31. DATE FILEO (Morith, Day, 1601)  OCT 1 2 1990  Gulia Davidson-1	Pandelle.			

BALTIMORE, MARYLAND 21203-3

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

1 -

1. DECEDENT'S NAME (First,	, Middle, Last)	- 11		C13	. 41			2. DATE OF MONTH	DEATN D.	AY	YEAR	3. TIME OF DEATN
Wo	alter	- Anth		SK	iba			10	Ŝ	7	90	6,15 Am
4. SOCIAL SECURITY NUME	1 -		E (in yrs. last bin	140	UNDER 1 YE		F UNDER 24 HRS.	7. DATE OF (Month, D	BIRTN ey, Year)		6. BIRTN Country	PLACE (State or Foreign
216-16-	1961	1 1 M 2 □ F	80	YRS.	NITIO DE			6-2	3 -	10	Bal	Imore Md
9a. FACILITY NAME (If not in		treet end number)			o. CITY, TOV	1.1	LOCATION OF DE			9c. COUN		
RESIDENCE OF DEC		nanor Nur	Sing H	a Prop	1711	11 6	ersuil	9		//	nne	Arundel
10e. STATE	10b. COUNT	Y	10	Oc. CITY, T	OWN OR LO	OCATION	N					10d. INSIDE CITY LIMITS?
Maryland	Anne	Arundel		Pas	saden	ıa						1 TES 2 TO
10e. STREET AND NUMBER						10f. ZI	IP CODE			10g. CITIZ	ZEN OF W	HAT COUNTRY?
622 Cyr	il Ave	enue					21122				U.S.	Α.
11. MARITAL STATUS		12. WAS DECEDENT EVER FORCES? 1   YE		0	13. WAS	DECENI	DENT OF NISPAN fy Cuban, Mexican	IC ORIGIN? (S	Specify Yearn, etc.)	or No-	14. RACE Black	— American Indian, , White, atc.
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR OR			1 🗆	YES 2	NO Specify	:			Speci	w. White
15. DEC	CEDENT'S EDU	CATION	16a. DECED	ENT'S US	UAL OCCUP	PATION	adadda a	16b. KJ	ND OF BU	SINESS/IND	USTRY	VIIIOC
Elementary/Secondary (6		College (1-4 or 5+)	ilfe. Do	NOT use re	done during stired.)	g most c	or working					
5th Grade			Ta	ilor				C	lothi	no		
17. FATHER'B NAME (First, M						1	6. MOTHER'S NAI	- 1- 1-				
	Joseph	Skiba					Rosal	ie	(ur	ıknow	n)	
190. INFORMANT'S NAME (		erger			DAESS (Str		Number or Rural F	Route Number, sadena				1122
20a. METHOD OF DISPOSIT	-						tery, crematory or	Saueni	Y	CATION —		
t ☑ Burial 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ram	noval from Stata	other place) Cedar									Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. NAM	AE AND	ADDRESS OF FA	DILITY				
- The	Rac	ded	200-10	1								d. 21225
		complications that caus		n. Do not	enter the	mode	of dying, sucl	n ae cardie	с ог геар	iratory arr	est,	Approximate
IMMEDIATE CAUSE (FI		List only one cause on	A line.			4	4			+1		Interval Between Onset and Death
disease or condition resulting in deeth)	$\rightarrow$	Hypene	skran	nia	20.4	bru	vide A	pead	mes	udus	~	6HO
•		OUE TO (OR A	A CONSEQUE	ENCE OF):								
Sequentially list condit	tions,	b	A CONSEQUE	NCE OF								
if any, leeding to imme cause. Enter UNDERLY	ediate	A HO) OI SUU	A CONSEQUE	INCE OF								i
CAUSE (Diseese or inje		C DUE TO (OR A	A CONSEQUE	NCE OF):								<del> </del>
thet initiated events resulting in desth) LAS	ST											ļ
		d										
PART ii. Other significa	ent condition	ne contributing to deeti	but not ree	ulting in	the under	rlying o	ceuse given in	Part I. 24		AUTOPSY RMED?	246	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			<u></u>					— I 1	☐ YES	2 🗌 NO		COMPLETION OF CAUSE OF DEATN?
								_ I				1 NES 2 NO
25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:		- 0	THRA:		CE OF DEATH (Ch					
1 TYES 2 PAO		1 Inpetient 2 I ER/O		DOA 4		Nome c. INJUR	5 🗆 Residence			INJURY OC	CHOED	
1	Pending	(Month, Day, Yea		INJUR	IY .	WORK	K?	200. DESCI	MBE NOW	INJUNT OC	CONED	
2 Accident 3 Suicide	Investigation	28a. PLACE OF INJU	IRY — At home	, farm, atre							or Rural	Route Number,
4 Nomicide	Could not be determined	building, etc. (S	(pecify)					City or	Town, State	))		
29a. CERTIFIER	TIEVING PHYS	SICIAN: To the best of my kr	owledge death	accurred	at the time	data ar	nd place, and due	10 the cause	(a) and mi	nner se etei	ad .	
one)		ER: On the beals of examine										a) and menner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIE	ER C		_		2	29c. LICENSE NUI			29d. DAT	E BIGNE	(Month, Day, Ybar)
LJC	Cull	is MP					PO 18	379		10	Clot	e- 91990
30. NAME AND ADDRESS O	OF PERSON W	HO COMPLETED CAUSE OF	DEATN (ITEM 2	17) (Type, P	rint)							
31. DATE FILED (Month, Day	(-Ybar)	30 REGISTRAR'S S	GNATERS -									
OCT 1	2 1990	Julia Davido	on-Mand	حاكله								
	4 777											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	RTIFICATE	OF DEAT	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)  THE LMA J. STEWN	ART			TE OF OEATN	Y Q YEAR	3. TIME OF OEATH  2000 Th
100	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yas, lest b		1 YEAR IF UNDER DAYS HOURS	24 HRS. 7. DA	TE OF BIRTN onth, Day, Year)	B. BH	RTNPLACE (State or Foreign
	9e. FACILITY NAME (If npt institution, give street and number)		TOWN OR LOCATIO	N OF OF ITH	2-17-	907	IOWA
FOR	MAD BALTO, CO.GE		NDALLS	TOWN		BAL	TO.
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c. CITY, TOWN C	R LOCATION				10d. INSIDE CITY LIMITS?
- 21	M.D. BALTO	COCKI	545111	LE			1 TES 2 NO
FUNERAL	236 ST. DAVID CT. A.	PTX3	210	30		10g. CITIZEN O	F WNAT COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEOENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		WAS DECENDENT O	n, Mexican, Puer		В	ACE — American Indian, lack, White, etc.
	15. OECEOENT'S EDUCATION 16a. OECE (Specify only highest grade completed) (Give	OENT'S USUAL O	CCUPATION during most of working		16b. KIND OF BUS	I SINESS/INDUSTR	WHITE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	o NOT use retired.)			OFTA	14. 51	415-
OME	17. FATHER'S NAME (First, Middle, Leet)	MAGEI		IER'S NAME (Fin	at, Middle, Maiden		ILES
BE C	BARNEY TOMS			SEPH			KNOWN
10							COCKEYSVILLE
	20s. METNOD OF DISPOSITION 20b. PLACE OF	F OISPOSITION (Na	me of cemetery, crem	KEN natory or		CATION — City o	MD. 21030
		NMOU!		METE.	11 00	470.	mo.
	21. SIGNATURE OF PUNERAL SERVICE LICENSIE  Willy	22. E	NAME AND ADDRESS DUNARD 3-311	J, u			RAL HOME
	23. PART ILEnter the diseases of complications that caused the deat shock, or heart fewers. List only one cause on each line.	th. Do not anter					Approximate
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ELL	LUN	16 (	ANO	ER	Onset and Death
_	DUE TO (OR AS A CONSEOU		TAIT	-A-16	EC.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		] /   -   .	1100	-		
FICA	cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQU	ENCE OF:					
H	that initiated events resulting in deeth) LAST						4
	PART II, Other aignificent conditions contributing to death but not res	sulting in the un	deriving cause o	siven in Part I	. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
EDICAL	OHP UTI PAROXYIMAL	ATRIA	n		PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE
	STORILLATIN.						OF DEATH?
AN:					<u> </u>		
SICI/	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpetient 2   ER/Outpetient 3	OTHER	26. PLACE OF DI R: sing Nome 6 - Re				
PHYSICIAN: M		28b. TIME OF INJURY	28c. INJURY AT WORK?		OESCRIBE NOW	NJURY OCCURE	
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify)	e, ferm, street, fact	1 YES 2 cory, office	201. 1	OCATION (Street City or Town, State)		ral Route Number,
ETE	4 Homicide determined				sky ur rown, state)		
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYINO PNYSICIAN: To the best of my knowledge, deatt one)  2 MEDICAL EXAMINER: On the basic of examination end/or income.						se(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICE	3773	3	29d. DATE SION	NED (Month, Day, Year)
T0	C. RAVI MD, BCGH, RANDAL	27) (Type, Print) -LSTOW	N, M02	1133.			
	31. DATE FILED (Morth, Day, Year)						
	OCT 1 2 1990 Julia Davidson-Han	اعدمد					

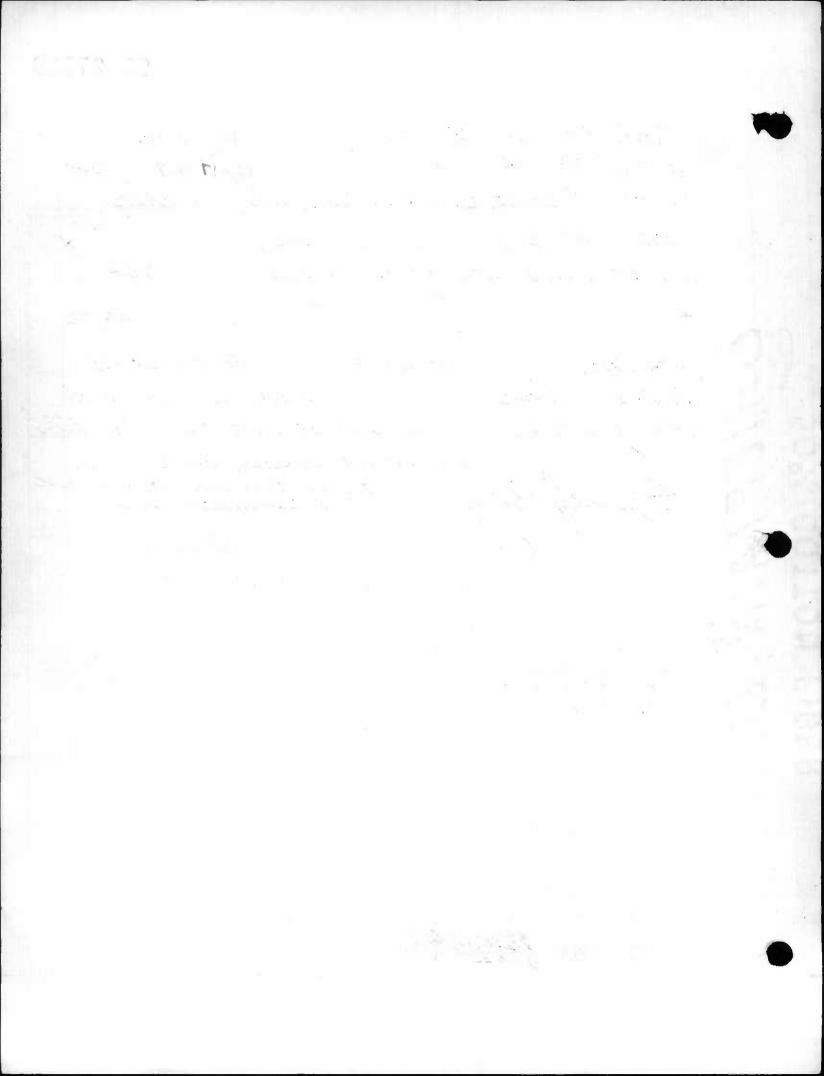
BALTIMORE, MARYLA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the first steer death. Page 6 may be retained by TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified.

OHMN-16 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CI	ERIT	CAIL	UF	DEALL	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest)	25250	) e la	<	. RD	1.7	ANT	2. DATE OF DEAT	DAY	YEAR 3.	TIME OF DEATH
		REDER		~				00+	10	1990	1825 hrm
	4. SOCIAL SECURITY NUMBER  245-28-0205	5. SEX 1 🔀 M 2 🗍 F	6. AGE (In yrs. las	YRS.	IF UNDER 1 Y	EAR MYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye		8. BIRTHPL Country)	ACE (State or Foreign
_	9a. FACILITY NAME (If not institution, give at	reet and number)			96. CITY, TO	O NWC	R LOCATION OF DE			INTY OF DEAT	тн
DIRECTOR	St Agnes Hos	pital			ba	(1	υ				
M I	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON			10	d. INSIDE CITY
	Ma			E	altu						VES 2 NO
FUNERAL	100. STREET AND NUMBER	y Road	1			107.	ZIP CODE	9	10g. CIT	1.5	AT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2		If y	es, spe	ENDENT OF HISPAN belfy Cuban, Maxican 2 NO Specify	n, Puerto Rican, etc		14. RACE — Black, V Specify:	American Indian, White, atc.
ا ۾	15. DECEDENT'S EDUC	CATION	16a, Df	CEDENT'S	USUAL OCCI	UPATIO	N	16b, KIND O	BUSINESS/IN	DUSTRY	0)-
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	ive kind of a Do NOT u	work done duri	ing mos	st of working	Nau		c ade	му
CO	17 FATHER'S NAME (First, Middle, Last)	-A11- +	-				16. MOTHER'S NA	ME (First, Middle, M	alden Surname)		•
TO BE	19a, INFORMANT'S NAME (Type/Priot)	alvan	19	b. MAILING	ADDRESS (S	Street ar	d Number or Rural F	Poute Number, City of	Town, State, Zi	ip Cade)	21226
P	Sprah Stur	divant		400	7 7	en	Lucy	Rd A	TH	Balto	y, Md
à	20a_METHOD OF DISPOSITION  1 Ø Burial 2 □ Cremation 3 □ Rame 4 □ Donation 6 □ Other (Specify)	oval from Stata	20b. PLACE other p	OF DISPO	SITION (Name	el cem	netery, cremetory of	Jet ?	Wing	City or Town	Ils. Md
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE /	1		22. NA	ME AN	D ADDRESS OF FA	CILITY	Inst		
	Llen	VB. y	do	1	- 10	M	430	owa	Bash	De	re
	23. PART/I. Enter the diseases, or of shock, or heart fellure.				not enter th	e mod	de of dying, auci	h aa cerdiec or	respiratory a	rreat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	met	station	D	rast	+	e Car	1685			Onset and Death
	resulting in deeth)		(OR AS A CONSE			20,11	c can	·Cet			1 or things
NO	Sequentielly list conditions,	b. DUE TO	(OR AS A CONSE	OUENCE O	Fi:						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	c.									
Ē	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	QUENCE O	PF):						
H	Total III Good III Care	d									
	PART II. Other significant condition	s contributing to	deeth but not	reauiting	in the unde	eriying	ceuse given in	Part i. 24a. W	S AN AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
EDICAL	Bleeding Dwade	12 /20	195						RFORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE
	4	7100						_   '''	ES 2 DE NO		F DEATH?
Σ.											0.25
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?  1 TYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	g Home	e 5 🗆 Residence	6 Other (Specifi	)		
Ŧ	27. MANNER OF DEATH	28e. DATE Of (Month, I		28b. TIR	AE OF 20		URY AT	28d. DESCRIBE	IOW INJURY O	CCURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Motter, E					rES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined		OF INJURY — At h , atc. (Specify)	ome, farm,	street, factory	y, offici	•	28f. LOCATION (S City or Town,		er or Rurel Rou	ite Number,
	29a. CERTIFIER	C.A.V. Tb b	4								
COMPLETED	(Check only one)  2 MEDICAL EXAMINE	R: On the basis of a									and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE						29c. LICENSE NUI				Aorith, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	ISE OF DEATH (IT	EM 271 /Time	e. Printi		StATRE	s Hospit	4	Oct	10, 1990
	Jeffrey Sagel	Do % 51	Agnes	Hosp	1421,0	100	Caton	Ave, F	Salt.	MD.	21229
	OCT 1 2 1990	fulie David	AR'S SIGNATURE	38							

BALTIMORE MARY LAND 21203-3146

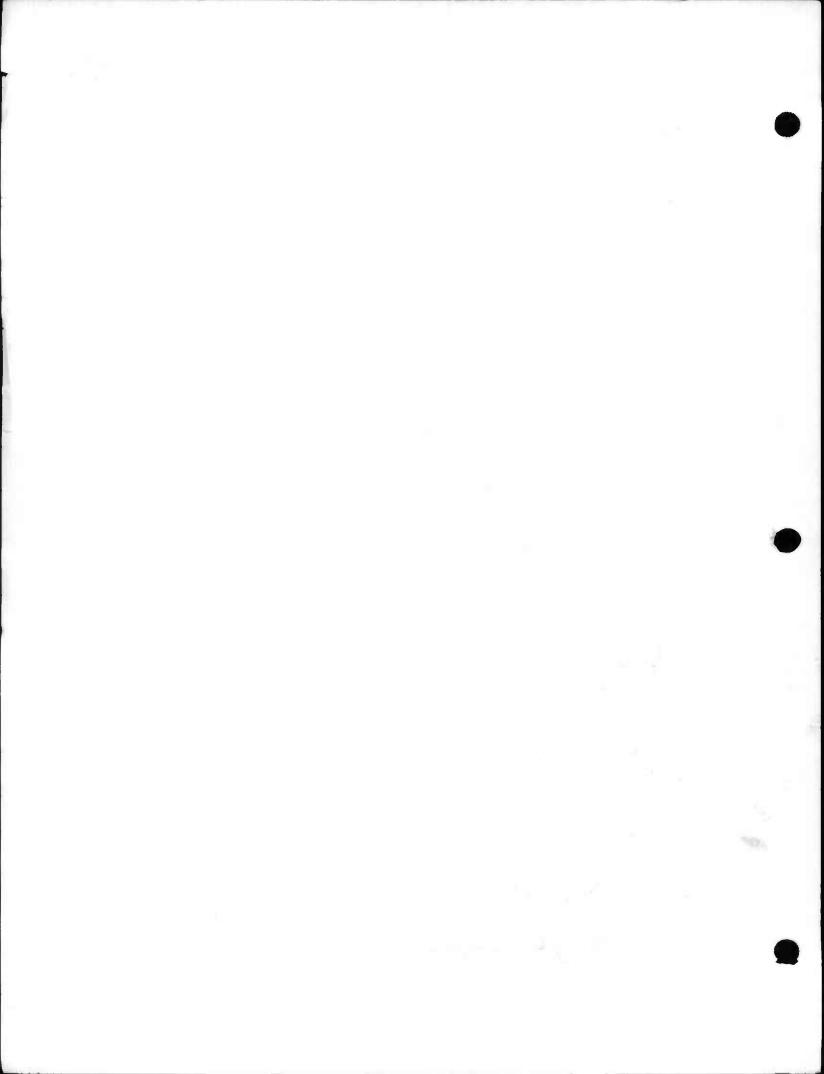
let death. Page 6 my 2- us
stached for use as the burial-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 hours after death. Page 6 mm to the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dimension be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be on

DHMH-16 Rev 1/89



went, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deglit certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygie iMPORTANT: If Item 28 is marked, or Item 23 shows any Injury or other processing the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing of the processing o

ST	ATE	0F	MARYLAND	/ DEPART	MENT OF	HEALTH	AND	MENTAL	HYGIENI
			C	ERTIFI	CATE C	F DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTN CERTIFIC			MENTAL HYGIEN	E	21701	
١,	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH	Y YEAR	3. TIME OF DEATH	
Ĭ	STEPHEN ANDERS	ON SIMS				OCTOBER 6		7:55p M	
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign ntry)	
	227-04-0685		15 YRS.			MARCH 28,			
_	9e. FACILITY NAME (If not institution, give a		96		R LOCATION OF DE		9c. COUNTY OF		
O	NIH, THE CLINI	CAL CENTER		BETHES	DA, MARY	LAND	MON	TGOMERY	
DIRECTOR	10e. STATE 10b. COUNTY	r	10c. CITY, T	OWN OR LOCAT	ION	<del></del> -		10d. INSIDE CITY LIMITS?	
	VIRGINIA		ALE	XANDRIA	A			1 X YES 2 NO	
AL.	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
FUNERAL	500 CROWN VIEW				22314		U.S.A	١.	
	11. MARITAL STATUS  1 XXNever Merried 2 Merried	12. WAS DECEDENT EVE FORCES? 1 1 Y	R IN U.S. ARMED ES 2 X NO	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yee n, Puerto Rican, atc.)	or No- 14. RA Bla	CE — Americen Indian, eck, White, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES	2 NO Specify	:	Spi	WHITE	
	15. DECEOENT'S EDU	CATION	18e. DECEDENT'S US			16b. KIND OF BUS	BINESS/INDUSTRY		
ETED	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo etired.)	st of working				
AP.	9		Studen	t		Secondar	y Schoo	1	
COMPL	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	1	
BE	Stephen F. Sims					Beau Ande			
2	19m. INFORMANT'S NAME (Type/Print) STEPHEN SIMS, FAT	LHEB		AS ABOY		Route Number, City or Town	n, Stete, Zip Code)		
	200. METHOD OF DISPOSITION		20b. PLACE OF DISPOSITI			20c 10	CATION — City or	Town State	
	1 Buriel 2 Cremellon 3 Rem	oval from State	ether place) Everly Cres		rotory, or or retory or			Virginia	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	EAGLTA CLE	22. NAME A	D ADDRESS OF FA	ey Funeral	anur Ia,	VIIIgilia	
	D = 0 -	- 1/1				ley runera.		,	
	23. PART I, Entar the disasses, Dr	complications that cau	used the death. Do not					Approximate	
	ehock, or heert fellure.				,		,	Interval Between Onset and Daeth	
	IMMEDIATE CAUSE (Finel disease or condition	Provid	- testes	Dail	1.60			7 amort	
	resulting in death)	DUE TO (OR /	AS A CONSEQUENCE OF):	Tare	W-CE	· · · · · ·		The way	
z	William Wilderson	a appel	esillus	Anel	imos	Na		2 mondy	
	Sequentially list conditions, If any, leading to immediata								
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c. DUE TO (OR /	AS A CONSEQUENCE OF):						
GERTIFICATION	that initiated events resulting in daeth) LAST	235 10 (2)11							
- 1		d							
Ä	PART ii. Other algnificant condition					DEDEOG		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDIC	Mionis	Tone	lomate	us	Distas	JONES 3	□ NO	OF DEATH?	
	-							1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Ch	eck only one)			
	EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)	_		
H	27. MANNER OF DEATH	26e. DATE OF INJU	RY 28b, TIME C	OF 28c. IN.	URY AT	28d. DESCRIBE HOW	NJURY OCCURED		
	1 Natural 5 Pending Investigation	(Month, Day, Ye	er) INJUR		YES 2 NO				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJ building, etc. (	URY — Al home, farm, stre	et, lactory, offic		26f. LOCATION (Street City or Town, State)		al Route Number,	
COMPLETED	4 Homicide determined								
P.E.		ICIAN: To the beat of my k	nowledge, death occurred	at the time, date	end place, end due	to the cause(s) end me	nner se stated.		
∑ O	one) 2 MEDICAL EXAMINI	ER: On the basis of examin	nation end/or investigation,	In my opinion, o	leath occured at the	time, date end place, er	nd due to the caus	e(e) and menner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	7 6 - (	) 0	2	29c. LICENSE NUI	WBER	29d. DATE SIGN	ED (Month, Day, Year)	
10 B	lette	K Neet	COL, W	1.D			10/7	-190	
-	30. NAME AND ADDRESS OF PERSON WI				ייידת קוון	מסתנוחלום כ	A 354 7377	AND OCCOR	
	JEFFREY R. VOIC 31. DATE FILED (Month, Day, Year)	HTER, M.D.		KUCKV.	LULE PIKI	E, BETHESD	A, MARYL	LAND 20892	
	31. DATE PILED (MOTHIT, Day, 1991)	Salia Day	SIGNATURA Andelle						

nours after death. Page 6 may be retained by the hospital or attending physician.

or removal.

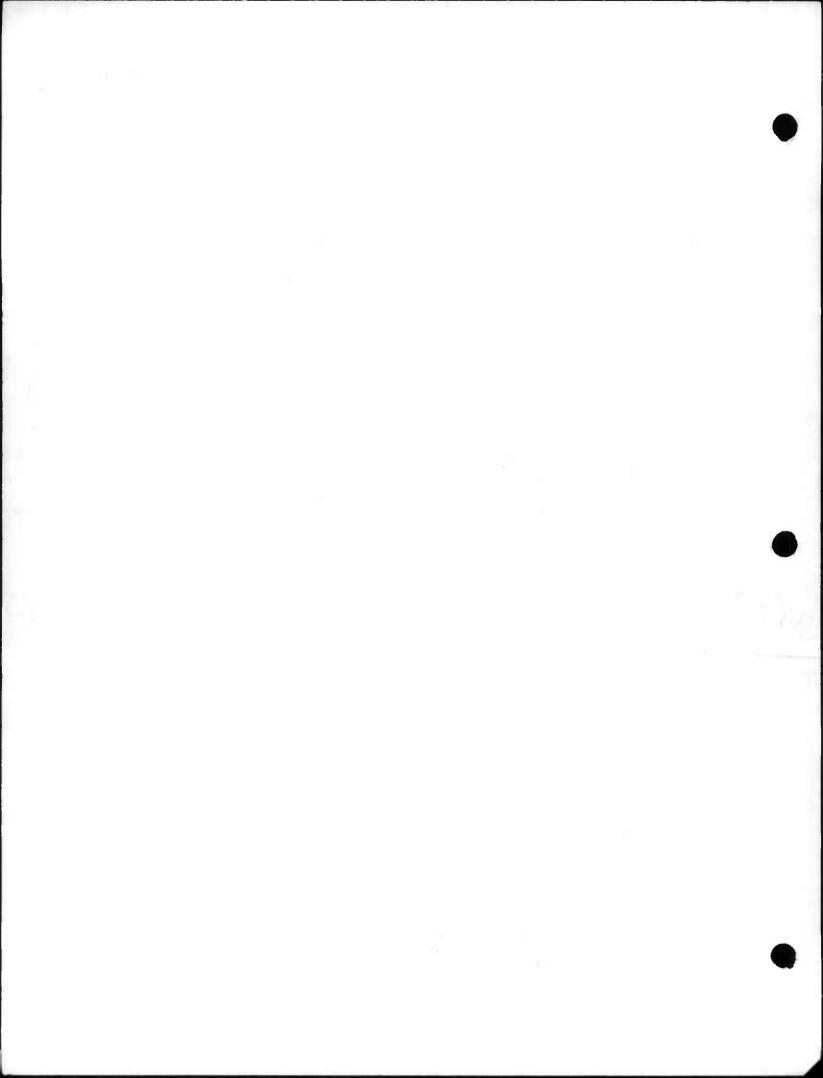
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	- >		
TO THE HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the cleath corplicate to expedite within 29 tho	1		

1. OECEDENT'S NAME (First, Mid		CERTIFIC	ATE OF DEATH	REG. NO	NE O.	
.).e	NNIE	Stro	w Bridge		S -Q O	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER Unknown	1 🗆 M 2 🔀 F	88 yrs.	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.		1901 0	erthpLACE (State or Foreign buntry)  Md.
98. FACILITY NAME (If not institute SIIhirhan I RESIDENCE OF DECED		96	Bethesda	SEATH	Mont (	gomery
10a. STATE 108	Montgomery		ver Spring			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER Fairland No	ursing Home		10f. ZIP CODE 20910		10g. CITIZEN C	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Mar  3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1  IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 — YES 2 X NO Speci	an, Puerto Rican, etc.)	e or No— 14. R	ACE — American Indian, Black, White, stc.
	NT'S EDUCATION thest grade completed)  College (1-4 or 5+)	life. Do NOT use re	done during most of working	THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE S	usiness/industr	
17. FATHER'B NAME (First, Middle Levi Ree	d		16. MOTHER'S N	es McKen	n Sumame) Zie	
190. INFORMANT'S NAME (Type/		Leisu	re World Bl	vd. Silv		ing, Md. 20
1 X Burial 2 Cremation 4 Donation 5 Other Spor	ecify)	Oak Hil		Lo	•	ng, Md.
- Treten	ases, Dr Complications that C			nick Fun		ome
shock, or heeri IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list condition if any, leeding to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OI		Greamo Betru	mo et row	. 6.	Interval Between Onset and Death
PART II. Other algolificent	d.	eath but not resulting in t	he underlying cause given i	n Part I. 24a. WAS A PERFC 1 YES	IN AUTOPSY DRMED? 2 \( \sum \) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO M EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL:	R/Outpatient 3 DOA 4  JURY 285. TIME 0			INJURY OCCURE	0
3 Suicide 6 Cou	astigation 26e, PLACE OF I	NJURY — A1 home, farm, stree 2. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
CONBON ONLY	ING PHYSICIAN: To the best of my					use(e) and manner se stated.
29b. SIGNATURE AND TITLE OF	ERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type Pri	29c. LICENSE N	S4C	≥ lo	NED (Month, Day, Year)
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s			MIGNO		10.

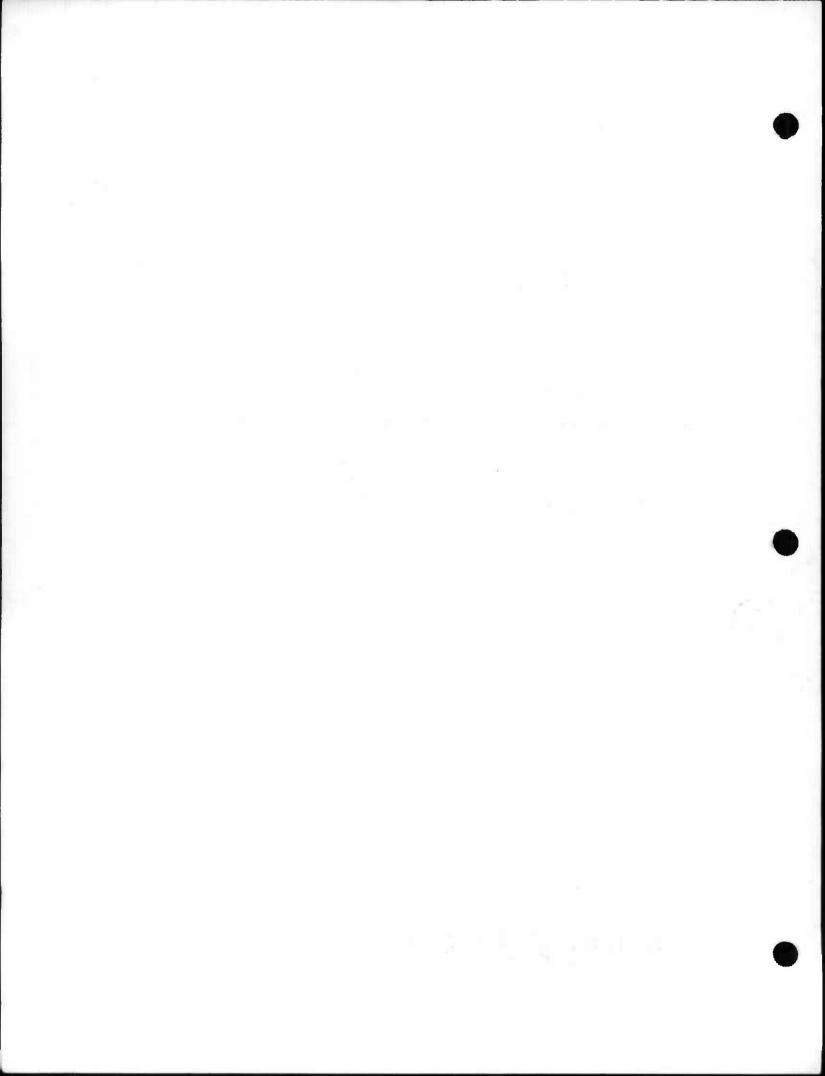


31. DATE FUNDING

″1°2″1990

		ges 1, 2, 3 should		
6, BALTIMORE, MARYLAND 21203-3146	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the design profession by the hospital or attending physician.	PUNEAL DIRECTOR. After this certificate has been account by the arm of completely find in the first of page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Debt, or Health and Mental Agental Chemistran, or removal.	rent, the medical examiner must be notified at once.	
13146	pacuted w	nd comp burial, or	finalls eve	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the deuth orthogen by we	NNERAL DIRECTOR: After this certificate has been several bythe attributes after death with the State Dept, or Health and Mentan	TANT: If Item 28 is marked, or item 23 shows any injury, or the injuriant event, the medical examiner must be notified at once.	

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 90 27933	3						
ror	1. DECEDENT'S NAME (First, Middle, Linst)  ETHEL SOLOMON  2. DATE OF DEATH MONTH DAY YEAR 2 /50 PM  3. TIME OF DEATH MONTH O- 04 - 1990 2 /50 PM  4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 DF 1 R YRS.  6. AGE (In yrs. last birthday) MONTH DAY MONTH DAY MONTH MONTH DAY MONTH MONTH DAY MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH MONTH	M						
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  100. CITY, TOWN OR LOCATION  100. CITY TOWN OR LOCATION  100. CITY TOWN OR LOCATION  1 Uses PM NO							
FUNERAL	109. STREET AND NUMBER 1741 OVERLOOK DRIVE 109. CITIZEN OF WHAT COUNTRY? USA USA							
BY	11. MARITAL STATUS  1 Never Merried 2 Merried 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 21 ONO IF YES, GIVE WAR OR DATES  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Maxican, Puerto Ricen, etc.)  14. RACE — Amarican Indian, Black, White, etc.  Specify:  WHITE							
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elemantery/Secondery (0-12)  College (1-4 or 5+)  10e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOUSEWIFE  AT HOME							
ш	17. FATHER'S NAME (First, Middle, Leat)  HARRY SHUSTER  18. MOTHER'S NAME (First, Middle, Maiden Surname)  FANNIE UNKNOWN							
TO B	19e. INFORMANT'S NAME (Type/Print)  DR. STEPHEN SOLOMON  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1741 OVERLOOK DRIVE SILVER SPRING, MD 20903							
	20e. METHOD OF DISPOSITION    Disposition   Like   Disposition   Like   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition   Disposition							
	22. NAME AND ADDRESS OF FACILITY BROS., INC. 6010 REISTERSTOWN RD, BALTO., MD 21215							
	23. PART I. Enter the diseases of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, abook, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Quarter or provided the death of the consequence of:							
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOUENCE OF):  Cource of Sheland & Luceflus Lena 1  DUE TO (OR AS A CONSCOUENCE OF):  Cource of Sheland & Luceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena 1  Lyceflus Lena							
PHYSICIAN: MEDICAL C	PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part i.  24a. WAS AN AUTOPSY PREFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	S						
SICIAI	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO	_						
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation 28e. DATE OF INJURY ADMINISTRY AT WORK? 1 YES 2 NO  28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO							
	2 Accident 3 Suicide 6 Could not be determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  Description of the cause(e) and manner as stated.							
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. DATE SIGNED (Moriti, Day, Year)  10-490							
_	30. NAME AND ADDRESS ON PERSON WHIT COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							



TO BE COMPLETED BY FUNERAL DIRECTOR

event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STIME DOZOTHY

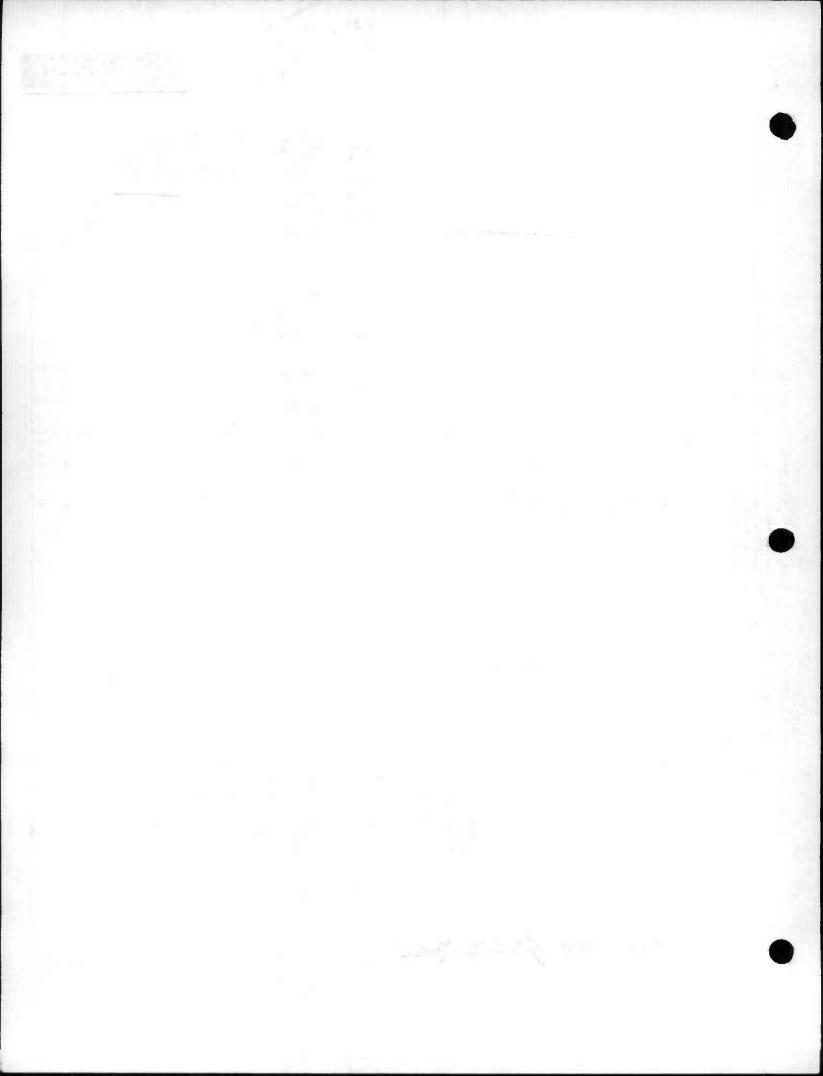
STIME DOZOTHY

10/05/90 PERLMAN 190-27934

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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FOR STATE REGISTRAR	TATE OF MARYLAN	D / DEPARTM CERTIFIC	ENT OF A	EALTH AND I DEATH	MENTAL	HYGIEN REG. NO.	en I		
DOROTHY	ST	INE	3		2. DATE MONTH	OF DEATH	7 199	EAR	ME OF DEATH
SOCIAL SECURITY NUMBER 215019775 1	M 2 F 6. AGE (in yr		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH , Dey, Year)	8.	BIRTHPLAC Country)	E (State or Foreign RYLAND
	ITAL	96		TIMUS			9c. COUNTY	OF DEATH	
ARYLAND		10c. CITY, TO	BA L	TIM OF	LE.			10d.	INSIDE CITY LIMITS? YES 2 ND
2909 FALLST	AFF RD	APT. 31		1. ZIP CODE	09		10g. CITIZEN	JSA	COUNTRY?
□ Never Married 2 □ Married F	MAS DECEDENT EVER IN U.S FORCES? 1 YES 2 F YES, GIVE WAR OR DATES	. UNO	If yes, sp	ENDENT OF HISPAR ecity Cuben, Mexica 2 HO Specify	n, Puerto F		or No- 14	Black, Whi	merican Indian, ta, etc. VHITE
15. DECEDENT'S EDUCATION (Specify only highest grade complete (Specify only highest grade complete (Particular only 1997) (Specify only highest grade Complete (Specify only highest grade Control only 1997) (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highest grade (Specify only highes	N 16/ leted)	e. DECEDENT'S USI (Give kind of work life. Do NOT use re HOUSE	done during mo tired.)		16b.		HOME	TRY	
7. FATHER'S NAME (First, Middle, Lest) LOUIS JOFFE				16. MOTHER'S NA	ME (First, A ROS		Surname)		
JEFFERY D. STINE				and Number or Rural IT MEADOW			n, State, Zip Co STERS		MD 213
ga. METHOD OF DISPOSITION  Burial 2 Cremation 3 Ramoval fi Donation 5 Other (Specify)	rom Stata of	ACE OF DISPOSITION PRINCES		metery, cremetory or		7-2-4-3	CATION — CIT BALTIN		
SIGNATURE OF FUNERAL SERVICE COMSE	E		22. NAME A	LEVINSO REISTER			INC.	D.,MD	2121
seulting in death)  a  sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esulting in death) LAST	DUE TO (OR AS A CO	CARDI		INFARC	CTIC	>N			
ART II. Other algorificant conditions con	ntributing to death but	not resulting in t	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOI 1 YES 2	MED?	COM OF E	E AUTOPSY FINDH LABLE PRIOR TO PLETION OF CAUS DEATH? YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	neck only or	10)		<u> </u>	
1   YES 2   NO   1	SPITAL: Inpetient 2 - ER/Outpetie	ent 3 🗆 DOA   4		ne 5 🗆 Residence					
77. MANNER OF DEATH  1  Netural 5  Pending 2  Accident Investigation	25a. DATE OF INJURY (Month, Day, Year)	29b. TIME C	Y W	JURY AT DRK? YES 2 NO	28d, DE	SCRIBE HOW	NJURY OCCU	RED	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stre	et, factory, offi	DØ .		ATION (Street or Town, State)	and Number or	Rural Route	Number,
One: CERTIFIER (Check only one)  1  CERTIFYING PHYSICIAN: One)  2  MEDICAL EXAMINER: On	To the best of my knowledge the basis of axemination as								manner as stated
96. SIGNATURE AND TITLE OF CERTIFIER	SIDENT DEPT	T of men	nans	29c. LICENSE NU AS 2402		09192	29d. DATE 5	BIGNEO (MO)	th, Day, Year)
O. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEATH		int)	F ISAL			mar	YLA	ND
1. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGNATE	URE				•			



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DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

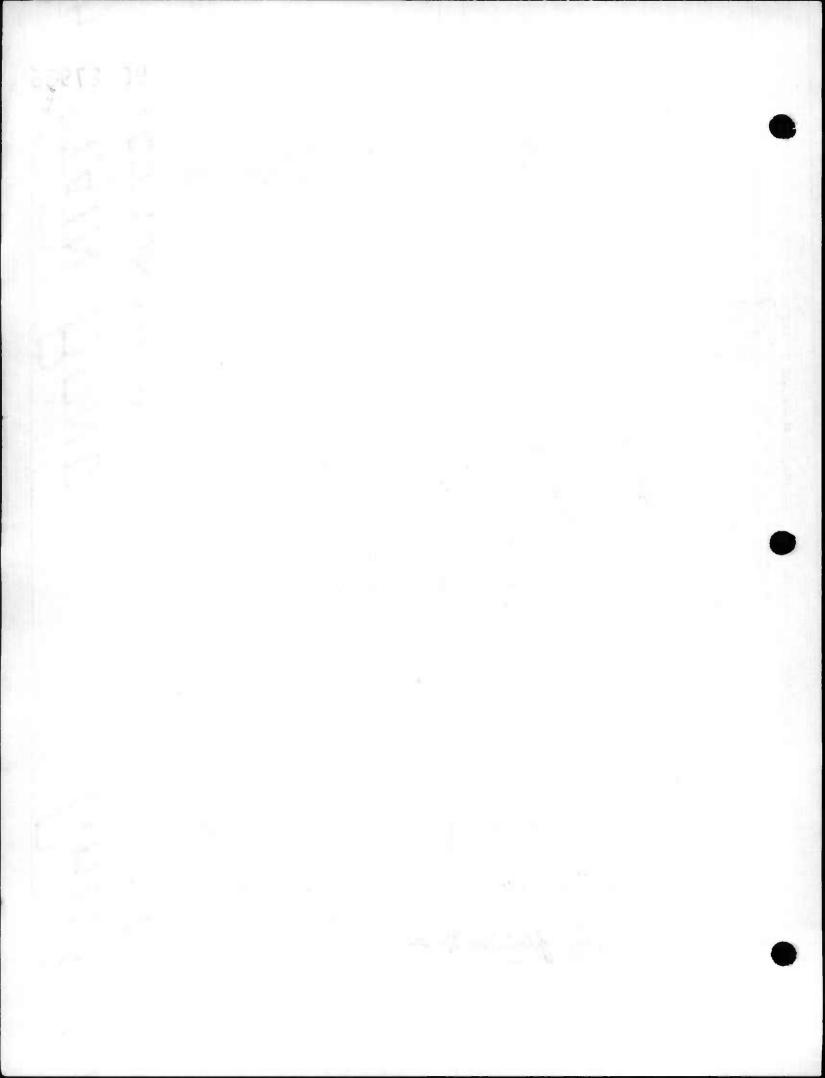
	1 - STATE REGISTRAR	SIAIL OF I	CE		ICATE O			REG. NO.	_			
	1. DECEDENT'S NAME (First, Middle, Lest)	_						2. DATE OF DEATH DA		3. TIME OF DEATH		
	ROSE	DAR	110		E DUCAT			EPTEMBE				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest i		IF UNDER 1 YEA		64964	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
	217-26-0582	1 □ M 2 □ xF 87		YRS.				JAN 1, 1908		NEW YORK		
œ	9e. FACILITY NAME (ff not institution, give street end number)									9c. COUNTY OF DEATN		
T.	NORTHWEST HOSPITAL	CENTER				RAND	ALLST	OMN	]	BALTIMORE		
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY		
٥	MARYLAND BALTIMORE					R	ANDAL	LSTOWN		IMITS?		
3AL	100. STREET AND NUMBER 4034 CARTHAGE ROAL	)				101. ZIP COD	1133		10g. CITIZ	ZEN OF WHAT COUNTRY?		
FUNERAL										USA		
F	11. MARITAL STATUS  1 Never Married 2 Merried	FORCES? 1	T EVER IN U.S. ARM	ED)	If yes,	specify Cubi	in, Mexicen,	ORIGIN? (Specify Yee Puarto Rican, etc.)	or No-	14. RACE — American Indian, Black, White, atc.		
3 TWildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify:						Specify: WHITE						
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION	16a. DECI	EDENT'S	USUAL OCCUP	TION		16b. KIND OF BUS	INESS/IND			
	Elementary/Secondary (0-12)	College (1-4 or 5 +	Hin I	o NOT u	vork done during se retired.)	most of works	ng					
₽ P	12				BOOKK					BALTIMORE COLTS		
	17. FATHER'S NAME (First, Middle, Lest)							(First, Middle, Maiden				
H	JACOB  19a. INFORMANT'S NAME (Type/Print)	COHE		MAKING	ADDRESS (Ov.		RAH	rte Number, City or Town	CHAMO			
2	MRS. KAREN SILVERN	IAN	4	AT	HENRY #	103	TIMON	IUM, MD 2.	1093	Code)		
	200, METHOD OF DISPOSITION				OF DISPOSITION	Name of		DATE 20c. LOC	CATION — C	City or Town, State		
	1 Suriel 2 Cremellon 3 Remo	val from State	cemetery, cremi			TAL P	ARK -	9-8-1995	RANI	DAT.T.STOWN MD		
	BETH EL MEMORIAL PARK - 9-8-1995 RANDALLSTOWN, MD  21. DENATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  SOL LEVINSON & BROS., INC.											
	New 1)	Der	rich							1015		
									est, Approximats			
	snock, or heert feiture. List only one ceuse on each line.									interval Between Onset and Death		
	disesse or condition resulting in death)	ARTE	RIOSCL.	ER	TIC	SAR	DIOV	ASCULA	R 01	SEASE 710 YRS		
	DUE TO (OR AS A CONSEQUENCE OF):											
ON O	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEOU	ENCE O	A							
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	F	OR AS A CONSEOU	5	013	EASI	5			Ì		
Ē	that initiated events	DUE TO	(OR AS A CONSEQU	ENCE O	7):							
CERTIFICATION	resulting in death) LAST											
1	PART II. Other significant conditions	contributing to	deeth but not res	ulting	n the underly	ing cause (	given in Pa			24b. WERE AUTOPSY FINDINGS		
DICAL	HYPERTEN	NOILU						PERFOR		AWAILABLE PRIOR TO COMPLETION OF CAUSE		
ME	ANENIA									1 TES 2 NO		
ž	DID TOBACCO USE CONTR	BUTE TO CA	USE OF DEATI	H YE	S 🗆 NO	□ UNC	ERTAIN	<u>a</u>				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE	OF DEAT	H (Check only of	e)						
IXSI	1 TYES 2 TNO	1 Inpatient 2	ER/Oulpatient 3		4 🗆 Nursing H	ome 5 🗆 Re	sidence 6	Other (Specify)				
	27. MANNER OF DEATH  1 Neturel 5 Pending	26e. DATE OF (Month, De		28b. TIM INJ	URY	NJURY AT		ed. OEŞCRIBE NOW IN	JURY OCC	URED		
2   Accident investigation   M   1   YES 2   NO    2   Accident   Investigation   M   1   YES 2   NO    3   Sulcide   6   Could not be   269. PLACE OF INJURY — At home, term, street, fectory, office   261. LOCATION (Street and Number or Rural Route Number,								as Corel Corete Manhail				
COMPLETED	4 Nomicide 6 Could not be determined	building,	atc. (Specify)				1	City or Town, Stete)	na namber i	or natur House Number,		
J.E.	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.											
OM	(Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.  MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated.											
38 0	1.0	RAO.				D	436	162	D 9	-6-95		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	/	. 0	1101	010	1 ,1 1			
	K.S.196 MD -	MORTHW.	EST HOSP	2.6	4. 54	0101	d Ct.	Kd. KANOI	9//Sta	WWA MI)		
- 1	SFP 1 2 1995	32 REGISTRA	R'S SIGNATURO	1.11								

31. DATE FILED (Month, Day, Year)

OCT 1 2 1990

Par REGISTAR'S SIGNATURE

	FOR STATE REGISTRAR	STATE OF MA		PARTMEN			MENTAL	HYGIEN		50	21931
	1. DECEDENT'S NAME (First, Middle, Last)	Raymond	Frederi	ck Sm	ith		2. DATE MONTH			EAR	TIME OF DEATH
ļ	4. SOCIAL SECURITY NUMBER  218-10-7616  9a. FACILITY NAME (If not institution, give si	5. SEX 6.	. AGE (In yrs. last birt	res. IF UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month)	DE BIRTH Dey, Ybar)	0.	BIRTHPLA Country) Mary	
TOR	98. FACILITY NAME (If not institution, give street and number)  96. CTY, TOWN OR LOCATION OF DEATH  96. COUNTY OF DEATH  86. CTY, TOWN OR LOCATION OF DEATH  Anne Arur  RESIDENCE OF DECEMENT										
DIRECTOR	Maryland Anne Arundel			Balti	on Locatio						d. INSIDE CITY LIMITS?
FUNERAL	104. STREET AND NUMBER 604 Biscay Av					ZIP CODE 21225			1,0	S.A	T COUNTRY?
à	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES World War II			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN				? (Specify Yelican, etc.)		RACE -	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give k	Se. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Laborer			166 KIND OF BUSINESS/INDUSTRY  Trucking Compar				
SOME	12th Grade  17. FATHER'S NAME (First, Middle, Last)			orer		18. MOTHER'S N.	-			mpany	7
BE	Willia:	m G. Smith							ddleto		
2	Patricia Muelle	r				d Number or Rural L Road					21225
	20a. METHOD OF DISPOSITION  1 St Burlal 2 Cremation 3 Rem  4 Donation 5 Other (Specify)		20b. PLACE OF ( other place)	DISPOSITION (N	lame of cemi	etery, cremetory or ial Pari		20c. LC	DCATION — CH	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	Gramus	uch	22	Georg	Ritchie	ONCE	Funer	al Home	e P.Z	Α.
	23. PART I. Enter the diseases, of shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on each line.			le of dying, su	ch aa card	liac or reap	oiratory arrea	t,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CIGI	OR AS A CONSEQUE	10M2	KING	ř					
RTIF	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSEQUE	NCE OF):							
MEDICAL CI	PART II. Other significant condition  CONGESTIVE				nderlying	cause given is	n Part I.	24a. WAS AI PERFO 1 YES	RMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (C	heck only on	e)			
SIC	EXAMINER?	HOSPITAL: 1 Inpetient 2 II	ER/Outpatient 3 🗆	DOA 4 N	R: Irsing Home	5 Residence	6 🗆 Othe	r (Specify)			
BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF IN (Month, Day,	NJURY 20	Bb. TIME OF INJURY M	28c. INJU WOF 1 Y	JRY AT RK? ES 2 NO	28d. DES	CRIBE HOW	INJURY OCCU	RED	
- 1	3 Suicide 6 Could not be determined	28e. PLACE OF building, et	INJURY — At home, tc. (Specify)	farm, street, fa	actory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSION 2 MEDICAL EXAMINE										nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIES	Hentlith	MD.			29c. LICENSE NI	UMBER 2072	4	29d. DATE S	IGNEO (M	19/9D
유	30. NAME AND ADDRESS OF PERSON WIN	RSTENBL							-		HD21229



DHMH-18 Rev 1/89

analt permit. Pages 1, 2, 3 should

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last) William Sno	wden W.	ILLIAM R	. SNOW	DEN	2. DATE OF DEATH	0-10-9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. 216-78-2730 1		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-31-5	9	BIRTHPLACE (State or Foreign Country) Maryland
	9e. FACILITY NAME (If not institution, give street		96	. CITY, TOWN OF	LOCATION OF DE		9c. COUNTY	
DIRECTOR	Joseph Riche RESIDENCE OF DECEDENT	te	Balt	imore	City	none		
	10e. STATE 10b. COUNTY			OWN OR LOCATIO				10d. INSIDE CITY LIMITS?
	Maryland no	ne	Baltimore City				10- OTTITE	LIMITS?  XXYES 2 NO  OF WHAT COUNTRY?
NERA	1712 Dundalk Av		21 222				Unit	ed States
2		WAS DECEDENT EVER IN FORCES? 1 YES				IC ORIGIN? (Specify You, Puerto Ricer, etc.)	e or No— 14.	RACE — American Indian, Black, White, etc.
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	ATES		NO Specify			Specify: Tegroid	
1 44	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	16a. DECEDENT'S US	UAL OCCUPATION	of working	16b. KIND OF BI	ISINESS/INDUST	TRY
POP		ollege (1-4 or 8 +)	ille. Do NOT use ri	itired.)	-			
를	8th Grade no	ne	Disal	oled		none		
COMPI	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melde		
BE C	William E. Sno	wden	l sieres services and			Armstr		
2						oute Number, City or To $to$ $Md$ .	21221	
	Helen Snowden							
	200 METHOD OF DISPOSITION  A Burlel 2 Cremetion 3 Removal	from State	PLACE OF DISPOSITE	ON (Name of ceme	cremetory or	20c. L	CATION — City	Co, Maryland
	4 Donetion 5 Other (Specify)		western					
	* Calien B.	Scruso	son	Calv	in B. S E. Pres	Scruggs ston St.	Funera Balto	al Home , Md. 21213
	23. PART i. Enter the diseeses, or com	plications that days	tha death. Do not	enter the mod	e of dying such	as cardiac or rea	iretory arrest	Annovimate
ahock, or heart failure. List only one ceuse on aach line.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  But To (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate to the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the product of the produc								
	disease or condition	Cardin 6	Pulman	men 1	June of			la mini
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF):	1				
2		Acaim	ed Im	madami	, Del	1 Calmer	Sand	here Lylon
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE/TO (OR AS A	CONSEQUENCE OF):			0		
8	ceuse. Entar UNDERLYING CAUSE (Disease or injury				·			
트	that initiated events	OUE TO (OR AS A	CONSEQUENCE OF):					
Ε	reaulting in deeth) LAST							
	PART II. Other aignificant conditions of	ontributing to death h	ut not moulting in	the underlying	anuna aluna la	Part i. 24a. WAS A	N ALTTOREY	24b, WERE AUTOPSY FINDINGS
EDICAL		1 '/		ina diluanying	cause given in	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă		7 / /		1 .	1 /	1 [] YES	2 NO	OF DEATH?
×	Mycoborte	un Ari	um In	ALGE EL	lulow			1 TYES 2 NO
Ë	Neurosthy							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PLA	ICE OF OEATH (Chi	eck only one)		
HYSICIAN:		☐ Inpatient 2 ☐ ER/Outp			5 - Residence	a Dother (Specify)	Hor	0,62
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME C			28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 YI	ES 2 NO			
0	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spe-	— At home, farm, stre	et, factory, office		281. LOCATION (Stree City or Town, Stat	and Number or	Rural Route Number,
ш	4 Homicide determined					,,		
E	29e. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my know	ledge, death occurred	at the time date of	and place, and this	to the cause(s) end m	enner as stated	
COMPL	(Crieck Orny	-						ause(s) end manner ee stated.
8	296, SIGNATURE AND TITLE OF CERTIFIER	1						
出	290. Grunal Offe AND TITLE OF CENTIFIER	1/ : 1	mn		29c. LICENSE NUM	IDEN	Z9G. DATE S	IGNED (Month, Day, Year)
2	10000	and the	7 70	d-at			10	111170
[ ]	10. NAME AND ADDRESS OF PERSON WHO C	CAUSE OF DE	AIM (HEM 27) (Type, Pr	nnt)				
	DA DATE CHI PD 114 11 D. 11	[As approximately a second	arrivos.					
1	OCT 1 2 1990	102 REGISTRAR'S SIGN	handelle					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	JR.	NR.	DUIS	E
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	8	FU.	With	K
	뽀	H.	9	DR
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Hours after death. Page 6 may be retained by 🜬	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If IAM 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
	F	F	ă	72

	1 - FOR STATE (	F MARYLAND C	DEPART	MENT OF H	EALTH AND N		HYGIENE REG. NO.		0	21938
,	1. DECEDENT'S NAME (First, Middle, Lest)  RUTH TOWNS				IOWNS	2. DATE OF MONTH	DEATH DAY		AR	8:05 PM M
	4. SOCIAL SECURITY NUMBER  212-74-9901  9a. FACILITY NAME (if not institution, give street and number)	0/		IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D 1/26	BIRTH	8. BIRTHPLACE (State or Foreign Country)  Maryland  9c. COUNTY OF DEATH		
TOR	Carroll County General	Hospital		Westmi	nster			Carr	011_	
IREC	10a. STATE 10b. COUNTY MD Baltimor		10c. CITY	TOWN OR LOCAT					18	LIMITS?
RAL C	10e. STREET AND NUMBER	JMBER			. ZIP CODE 21215			10g. CITIZEN		^ -
BY FUNERAL DIRECTOR	3910 Hayward Avenue  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexical 2 X NO Specify	IIC ORIGIN? (		U.S. or No- 14.	Black, Wh	American Indian, lite, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  12 Years		'Give kind of w fe. Do NOT us	usual occupation or done during more retired.) Cashier	DN st of working	16b. Ki		ness/indus	TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Frederick Rogers					rgare	t E.	Niven		
2	19a. INFORMANT'S NAME (Type/Print)  Mr. William Towns			nd Number or Rural F Road We						
	20a. METHOD OF DISPOSITION  1	la. METHOD OF DISPOSITION    Second						ation — cm kesvil		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Lo Lo					al Di	rector	ors, Inc.	
	23. PART I. Enter the diseases, or complication shock, or heert fellure. List only on									Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Hypotensive shock out to (or as a consequence of):						2 hours			
CERTIFICATION	Sequentially list conditions, Due To (OR AS A CONSEQUENCE OF):  Memorrhagic necrosis of large bowel transverse to segment of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of t							ental edem 2 days 2 days		
AL C	PART II. Other significant conditions contributi	_	_	-	_	Part I. 2	4a. WAS AN			RE AUTOPSY FINDINGS
PHYSICIAN: MEDIC	_Atherosclerotic_aorti	c vascula	r dise	ease mar	ked	_   '	X YES 2	□ №	OF	MPLETION OF CAUSE DEATH? X YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)			I	
HYSI	1 ☐ YES 2 🕍 NO 1 ☐ X Inpaties 27. MANNER OF DEATH 28a. Dr.	ATE OF INJURY	28b, TIM	E OF 28c. IN.	ne 5 🗆 Rasidence			JURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation 2 Suitable 28s. Pl	ACE OF INJURY — At	INJ	M 1 □	YES 2 NO	281, LOCAT	ION (Street a	nd Number or		n Number,
ETED	4 Homicide determined	illding, atc. (Specify)					Town, Statu)			
COMPLETED	29a. CERTIFIER (Cheek and place) and due to the cause(s) and manner as stated.  2 MEDICAL EXAMPLE, on the turns of examination and/or prestigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
H (	296. SIGNATURE AND TIME OF PERTURE	e Ms	0		29c. LICENSE NUI D0590			▶ 10	/11/	
5	Richard A. Jones, M.D.	. Carrol	1 Cour		ral Hosp	ital	We:	stmins Memori	ter. al A	Md. 2115 venue
	31. DATE FILED (Month, Day, Year) 33 PRE 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10 PRO 10	GISTRAR'S SIGNATURE	Indett							
										DHMH-18 Rev 1/89

stanmer must be notined at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
IMPORTANT: If Item 28 is marked, of Item 23 shows any injury, or other monance event, the medical	TO BE COMPLETED BY PHYSICIAN; MEDICAL CERTIFICATION

completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending to be filed within 72 hours after death with the State Dept. of Health and Metall Important: If Item 28 is marked, or Item 23 shows any injury, or clin STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE	F DEATH	R	EG. NO.				
í	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH DAY		EAR	3. TIME OF DEATH	
Ì	E DNA	HANNAH	TOWNSLI	Y		10	8		10	7.25	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	, , , , , , , , , , , , , , , , , , , ,	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						PLACE (State or Foreign	
ì	220-74-7874	1 🗌 M 2 🏋 F	79 YRS.	MONTHS DAYS HOURS MIN. 7 PSY 1911 Country) Delaws					elaware		
	9e. FACILITY NAME (If not institution, give a	treet and number)		b. CITY, TOV	VN OR LOCATION OF DE	EATH		Bc. COUNTY	OF D	EATH	
	Fallston Ge	neral Hos	pital		Fallsto	n		H	ar	ford	
RESIDENCE OF DECEDENT									10d. INSIDE CITY		
Ta la la Limit									LIMITS?		
	10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	N OF W	VHAT COUNTRY?	
2006 Pleasantville Road 21047 U.S									·S	.A.	
Ì	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO		DECENDENT OF HISPAI , specify Cuban, Mexico			r No- 14	14. RACE — American Indian, Black, While, etc.		
	1 Never Merried 2 Merried  Widowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO Specif		.,,		Spech		
ļ	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	SUAL OCCUP	PATION	16b. KIN	D OF BUSIN	NESS/INDUS	_		
1	Elementary/Secondary (0-12)	College (1-4 or 5+)		,	g most of working						
۱	7	DOM: 010	H	ouse	wife			Hom	е		
۱	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		le, Maiden St	umeme)			
	Charles S	amuel Wa	alter			hel	Mae			ght	
ı	19e. INFORMANT'S NAME (Type/Print)				eet end Number or Rural					21084	
	Joan T. Ens				isville	Road				ville, Md	
	20a METHOD OF DISPOSITION 1 Burtel 2 Cremelion 3 Rem	noval from State	other place)	ACE OF DISPOSITION (Name of cometery, crematory or er place)  20c. LOCATION — City or Town, State							
!	4 Donation 8 Other (Specify)	-	Bel/Air 1				Bel	Air	,	Maryland	
1	21. SIGNATURE OF FUNERAL SERVICE U	CENSER ///	4		E AND ADDRESS OF FA		Hom	6			
	111. Bluce	len Kurl	711		Jarretts				nd	21084	
٦	23. PART I. Enter the diseeses, or									Approximate	
	immediate cause (Finel	List only one ceuse on								Onset and Death	
1	disesse or condition resulting in death)	Acute	massive	RI	CVA					2. days.	
	resulting in death)	DUE TO (OR AS	S A CONSEQUENCE OF):	:							
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	Sequentially list conditions, if any, leading to immediate	_DUE TO (OR AS	S A CONSEQUENCE OF):	:							
	cause. Enter UNDERLYING CAUSE (Disease or injury	C	S A CONSEQUENCE OF):								
	that initiated events resulting in death) LAST	00E 10 (0h A	s & consequence or):							ĺ	
		W			· · ·	-					
1	PART II. Other significent condition		_	the under	lying ceuse given in	Part I. 24	. WAS AN A		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
ı	it Parapneum					11	YES 2	NO		COMPLETION DF CAUSE OF DEATH?	
	HBP. DM.	oteoa	thits.							1 YES 2 NO	
1											
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HØSPITAL:			6. PLACE OF DEATH (C	heck only one)					
	1 YES 2 NO	1 Inputient 2 ER/O		OTHER: 4 - Nursing	Home 8 🗆 Residence	8 🗆 Other (S)	pecify)				
1	27. MANNER OF DEATH	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TIME	OF 28c	: INJURY AT WORK?	28d. DEŞCRI	BE HOW IN	JURY OCCUI	RED		
	1 Netural 5 Pending 2 Accident Investigation			M 1	YES 2 NO						
1	3 Suicide 8 Could not be	28e. PLACE OF INJU building, etc. (S	JRY — Al home, farm, sti Specify)	reet, factory,	office		ON (Street en bwn, State)	d Number or	Rural I	Route Number,	
	4 Homicide determined					l					
1		SICIAN: To the best of my kn	owledge, death occurred	at the time,	date and place, end du	e to the cause(	e) and mann	er ee stated	l.		
	one) 2 MEDICAL EXAMIN	ER: On the basis of examina	ition end/or investigation	, in my opini	on, death occured at the	e time, date end	d place, end	due to the	ceuse(e	e) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	# ×			29c. LICENSE NU					) (Month, Day, Year)	
	18 AN	VV >	A-1-1		D1842	.4		10	-8	-90	
	B. PAREKH	M-D . 190			RD, FA	HLLSTO	N,	MD-	2	1047.	
	31. DATE FILED (Morith, Day, Year)  OCT 1 2 1990	Guna David	John Mandalle								
_ 0	M M I A 10 10 1										

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>	ictal the the
IVISION OF VITAL RECORDS, P.O. BOX 13146,	RATTENDING PHYSICIAN: The law requires that the death certificate be executed withing—ours after death. Page 6 may be retailed by the Constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution of the constitution
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90 27940 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH M Estelle 1990 - 58 Am 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 34 57 1 M 2 F ALABAMA PARCHI 9s. FACILITY NAME (If not institution, gir 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH V. OF MARYL DIRECTOR BALL imar 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARYLAND OWSOR 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21204 NA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Mexican, Puerto Rican, etc.)
1 VES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify BY 3 Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) COMPL YRS. ORIST 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) 500 AL KAY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and No. nber or Rural Route Number, City or Town, State, Zip Code) 2 AMILY 20a. METHOD OF DISPOSITION

1 Disposition 3 - Re 20b. PLACE OF DISPOSITION (Name of co 20c. LOCATION — City or Town, State ARKI PARKVILL 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVAN CHAPET 0 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory shock, or heert feliure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition Chest infaction 2 days resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Pronyelocy tic Leukomia Man CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS **MAILABLE PRIOR TO** Ischaemic heart disease 1 | YES 2 | 10 History Carcinoma e oven 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) HOSPITAL: 1 TES 2 NO etient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending M 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 4 🗌 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. heepers 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

M. D

32. REGISTIAR'S SIGNATURE

GUILLE DAVIDSON-RANDESSE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. V.S. GHARPURE

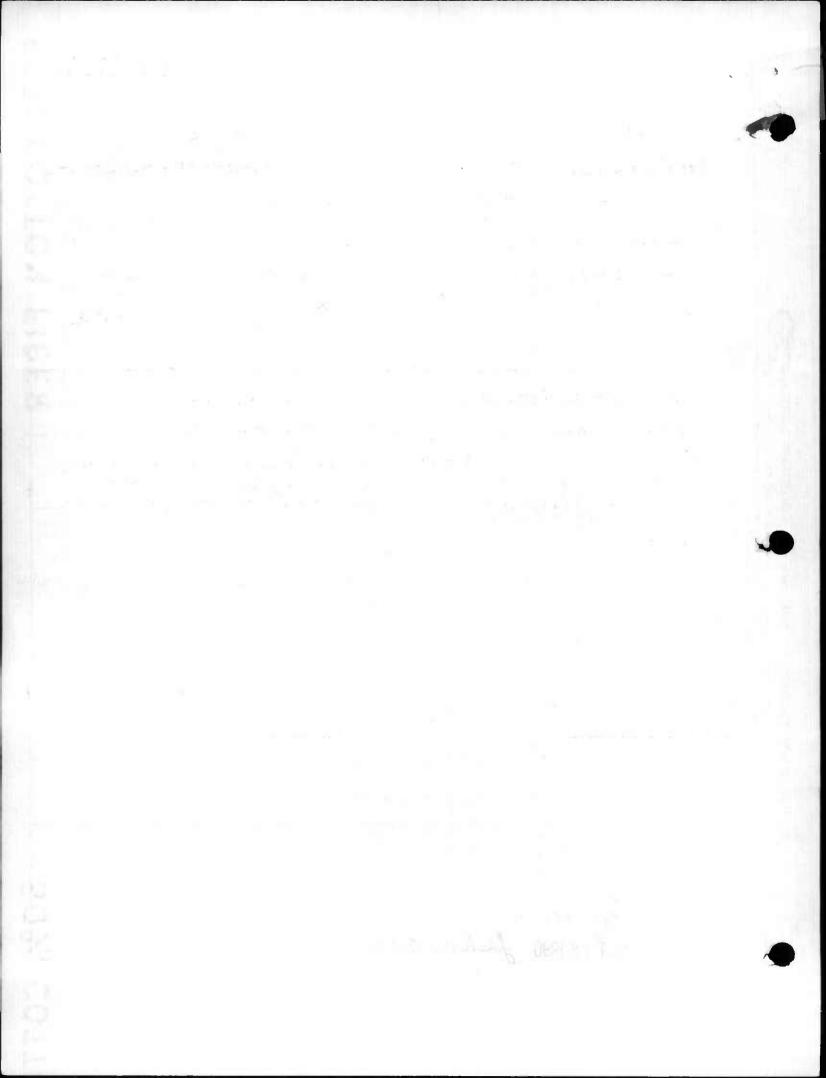
31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

10

VINIV. OF MD. CANCER CENTER, BALTIMORE, MD2120



permit. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the hospital or attending the PLINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

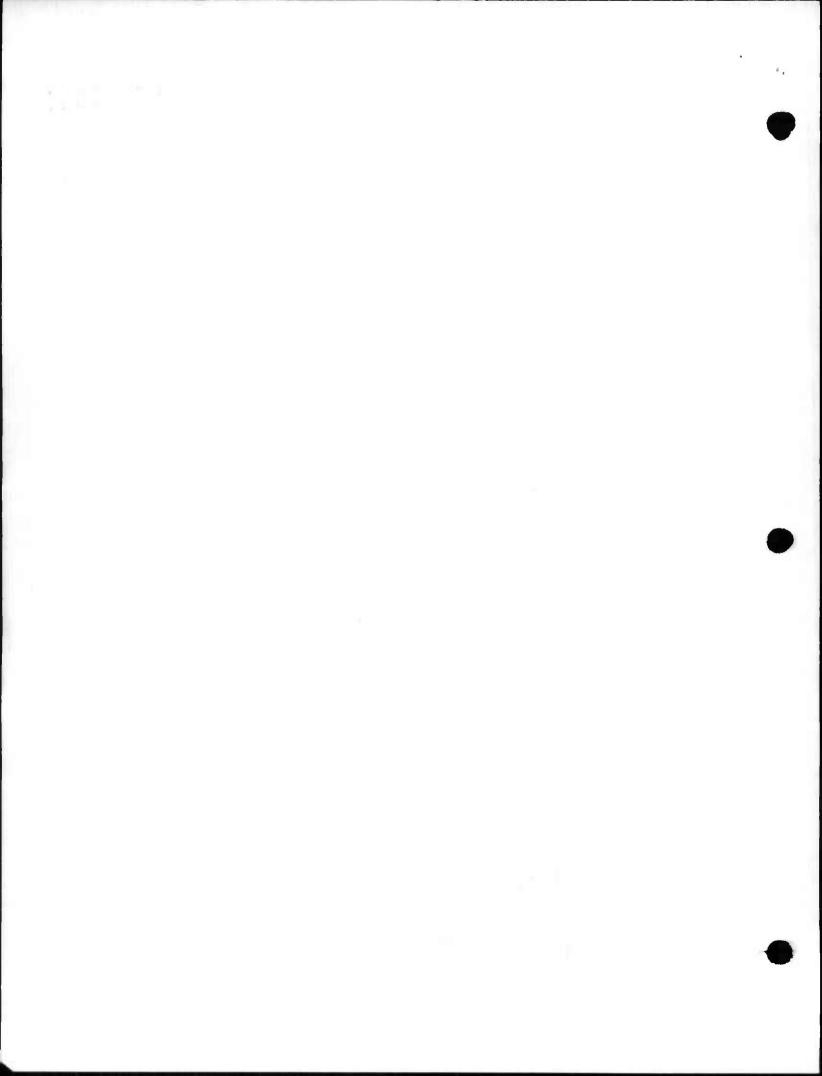
	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT (				MENTAL	HYGIENI REG. NO.	Ε (	90	27941
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATN DA	Y	YEAR	3. TIME OF DEATN
ĺ	Georg	}		Vo	n Bir	gel	en			0-8-9	0		10:30PM M
Ì	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	it birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 2	4 HRS. MIN.	7. DATE Of	F BIRTN Day, Year)		8. BIRT Coun	HPLACE (State or Foreign try)
	053-18-4079	1 M 2 - F	75	YRS.	MONTHS I	MONTHS DAYS HOURS MIN. (Month, Day, Year) March 3, 1915 Switzerlar							
	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	Sinai Hospital				Baltimore City								
ទី 🏻	RESIDENCE OF DECEDENT							<u> </u>	¥				
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR								10d. INSIDE CITY LIMITS?
۵	Maryland				Balt	cimo	ore C	ity					1 X YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
<b>E</b>	1700 E. 33rd St.						2	1218	3			US	A
5	11. MARITAL STATUS		T EVER IN U.S. AF						IIC ORIGIN? n, Puerto Ri	(Specify Yea	or No-	14. RAC	CE — American Indien, ck, White, etc.
Į I	1 Never Married 2 Merried	IF YES, GIVE		140			2 X NO			can, etc.,		Spe	other
20	3 Widowed 4 Divorced												White
	15. DECEDENT'S EDUC (Specify only highest grade)	CATION completed)	(G	live kind of	USUAL OCC			,	18b. I	KIND OF BUS	BINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	Cottege (1-4 or 5	+) ife	. Do NOT u	se retired.)								
COMPLETED BY PUNERAL		4 Years		Artis	st						Ska	itin	g
Ö	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mi	ddle, Meiden	Sumame)		
BE (	Theodore Von Bir	gelen						Eliz	zabeti	n Hupe	3		
Eileen Von Birgelen 1700 E. 33rd St. Baltimore, Md. 21218													
									8				
	20a. METNOD OF DISPOSITION 1 (O purial 2 Cremetion 3 - Remo				SITION (Name	e of cer	netery, cremi	ntory or		20c. LO	CATION -	City or 1	Town, State
	1 (C) Souriel 2 U Cremetion 3 U Remo	oval from State	Grad	ens (	of Fai	th	Ceme	terv	/	Bal	l t.i mc	re.	Md.
	21. SIGNATURE OF TUNERAL SERVICE LIC	ENGEG			22. N/	AME AL	ND ADDRES	S OF FA	CILITY				
Mitchell-Wiedefeld Home 6500 York Rd. BALTIMO								-		21212			
	23. PART IL Enter the diseases, or o												Approximata
	shock, or haart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel  Onset and Daeth												
	disesse or condition	Acute	myocard	ial ·	infarc	<b>+</b> +							1,54,77 55,74,7 55,17
- 1	reaulting in death)		OR AS A CONSE										<u> </u>
_	_												į
CERTIFICATION	Sequentially list conditions,	bDUE TO	OR AS A CONSE	QUENCE C	HF):								
E	if sny, leading to immediata cause. Enter UNDERLYING												
윤ㅣ	CAUSE (Disesse or injury that initiated events	DUE TO	OR AS A CONSE	QUENCE C	P):								
E	resulting in death) LAST												!
핑		d											
-1	PART II. Other eignificent condition	s contributing to	daath but not	resulting	In the und	ierlyin	g cause g	iven in	Part i.	24a. WAS AN		24	Ib. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
2										1 YES			COMPLETION OF CAUSE OF DEATH?
요ㅣ													1 TYES ZIX NO
Σ									— I.	INOUI	V		
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF DE	EATN (C)	eck only one		7.1	_	
PHYSICIAN: MEDICA	EXAMINER?	HOSPITAL:	VX		OTHER:	:							
\₹	27. MANNER OF DEATH	28e. DATE O	XXX/Outpatient	28b. TII			JURY AT	sidence	8 Other	(Specify)	IN ICIDY O	CHIPED	
	Natural 5 Pending		Day, Year)		JURY	WC	DRK?	1 110	200. DE3	CHIDE NOW	INGOINT O	COMED	
BY	2 Accident Investigation	00. 51.000	OF BURNEY	1	m		YES 2	J NO	004 100	71041 /0	and Minn		d Britis Mireshar
	3 Suicide 8 Could not be 4 Homicide determined	280. PLACE building	OF INJURY — At h j, etc. (Specify)	ome, farm,	street, facto	ry, offic	78			TION (Street or Town, State,		er or Hura	I Route Number,
COMPLETED	72.5												
7	29e. CERTIFIER 1 CERTIFYING PHYSI												
MO	2 MEDICAL EXAMINE	R: On the basie of	examination end/or	r Investigat	lon, in my op	dnion, d	death occur	ed at the	time, date	and place, a	nd due to	the cause	e(e) end menner ee stated.
	200 ATURE AND TITLE OF CERTIFIE						29c. LICE				· · ·		ED (Month, Day, Year)
B	Moudow mey	Mel										10-9	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	USE OF DEATH (IT	EM 27) (7m	e, Print)		<u> </u>	CME					-
	MARGARITA A. KOR					Daw	~ CL		D-11	-imore	140	212	01 77

32 REGISTRAR'S SIGNATURE

Suna Davidson-Andale.

2 1990

DNMN-18 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

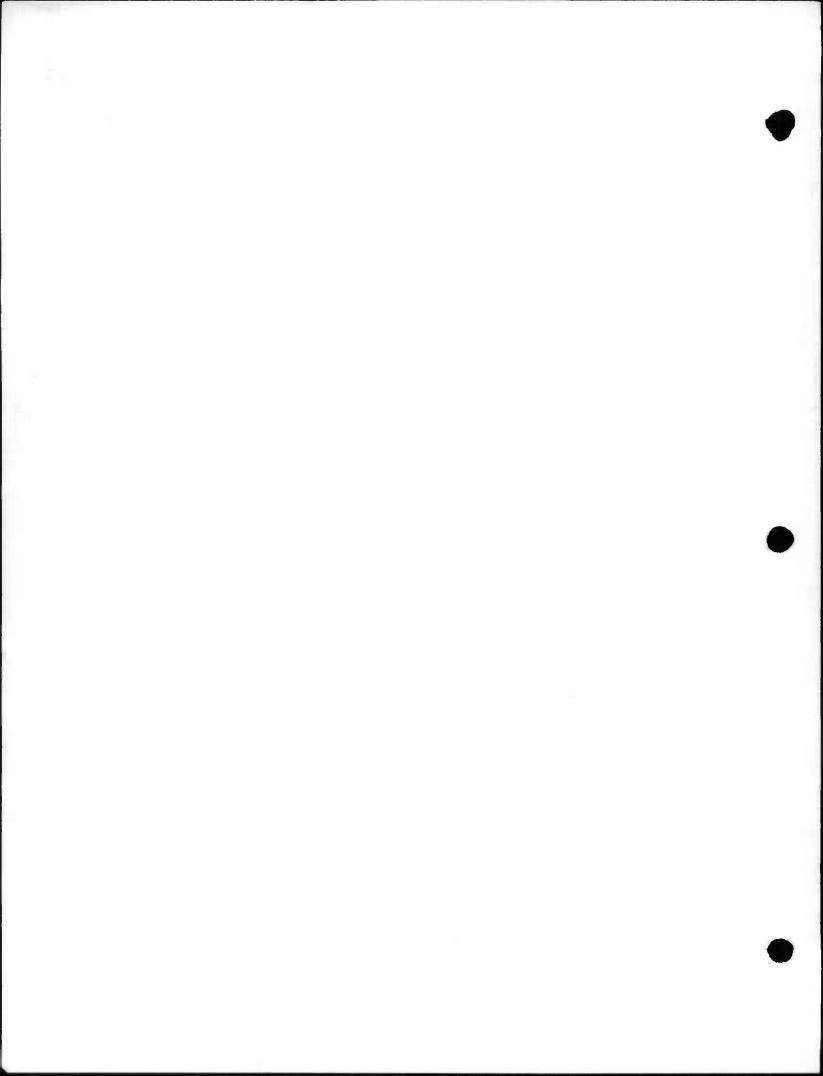
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR	Ontile Of 1	С	ERTIF					********	REG. NO.	-		
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR	3. TIME OF DEATH
Cha	arles		Wat	kins	5	JR			0-10-9		VEAR	10:10PM
. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le	st birthday)	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH Count	HPLACE (State or Foreign
215-86-1260	1 × M 2 - F	17	YAS.						03-05-			MD
De. FACILITY NAME (If not institution, give to					TOWN OF			ATH		9c. COU	NTY OF E	DEATH
1500 block N. Hi	lton Stre	eet		E	Balti	more	e,MD					
100. STATE 10b. COUNT	Υ				MOR		CIT	Y				10d. INSIDE CITY LIMITS? 1 YES 2 NO
0e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CITI	ZEN OF	WNAT COUNTRY?
1606 E. MON	JMENT S	Τ.,	APT-	6		21	205				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AI		1		city Cube	n, Mexica	n, Puerto	N? (Specify Yee Ricen, etc.)	or No		E — American Indian, ik, White, etc.
15. DECEDENT'S EDU (Specify only highest grade	CATION COMPoleted	18a, D	ECEDENT'S Bive kind of	USUAL O	CCUPATION	N t of worki	20	186	b. KIND OF BUS	INESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- 36	a. Do NOT u	se retired.)		t or works	ng .					
STUDENT			STU	DENT								
17. FATHER'S NAME (First, Middle, Last)	TNC	CD							Middle, Maiden			
CHARLES WATK	INS	SR.					OYCE		BOSTON			
JOYCE BOSTON	FAIZO	N :	1606	Ε.	MON	UME	NT S		_	ORE	, MI	D. 21205
20a METHOD OF DISPOSITION 1 💆 Buriel 2 🗌 Cremation 3 🗎 Ren	noval from State		OF DISPO				matory or			CATION —		
1 Donation 5 Other (Specify)		WOOD	LAWI						WU	UDLA	WIV,	MD.
In 150	a Co	ad			M.C.				н. 11	01 E	. N	IORTH AVE
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSI	EQUENCE O	F): F):								
PART II. Other aignificant conditio	d	death but not	iting	In the re			aluon in	Don't I	24s. WAS AN	ALITODAY		b. WERE AUTOPSY FINDING
TAIL II. CITE agrilloan Condition	- Controlling to	- death but not		ni tile di		Cadoe	given in		PERFOR	MED?		AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  XX YES 2 \( \) NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOCENT					ACE OF 1	DEATH (Ch	eck only o	one)			
YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 D Nur		5 🗆 R	ealdence	X∑XZ}•Pth	er (Specify)	Sta	reet	
7. MANNER OF DEATH	28e. DATE O	F INJURY Day, Year)	28b. TIA	AE OF JURY	28c. INJU			28d. Di	SCRIBE HOW I	NJURY OC	CURED	
1 Netural 5 Pending 2 Accident Investigation	10-10				Ŋ 1 □ Y		XXVO	Sub	ject s	hot		
3 Suicide 6 Could not be	28e. PLACE	OF INJURY - At I	nome, farm,	street, fac	tory, office	1		281. LO	CATION (Street of or Town, State)	and Numbe	r or Rural	Route Number,
4 Homicide datermined	Dansing	, ********/		Stree	et						Hil	ton St.Balt
299. CERTIFIER (Check only one) 1 CERTIFYING PHYS								to the c	nuse(e) end ma	nner as sta	ted,	(e) and manner ee stated.
566. SHOMATURE AND THIS OF CENTIFIE						29c. LIC	ENSE NU				E SIGNE	D (Month, Day, Year) 11–90
so, name and adoress of person w FRANK PERETTI, M		JSE OF OEATH (IT			nn St	ree	t,Ba	ltim	ore,MD	2120	01	
31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE						_		-		

aid for use as the burial-transit permit. Pages 1, 2, 3 should pital or amending physician. BALTIMORE, MARYEAND 21203-3146 ours after death. Page 6 may be TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mour and earth Page 6 may be 110 THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the uneral directic page 6 filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remove the page 12 mounts and Injury, or other traumatic event, the medical examiner must be a IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be a DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION





FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CER	TIFICA	TE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	VEAR	3. TIME OF DEATH		
,	ELIJAH WHITE / ELIJ.	CIHW HA	CE JE			OCTOBE	R 7,19	90 YEAR	10:57a.m.		
		AGE (In yrs. last bin		NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH	a piny	HPI ACE /Cinta or Coming		
	216-40-2260 1x53x42□ F		YRS. MON		HOURS MIN.	(Month, Day,	Year)	Coun	MD.		
	9a. FACILITY NAME (If not Institution, give street and number)		9b.	DEATH							
DIRECTOR	JOHNS HOPKINS HOSPITAL		BALTIMORE CITY BALTIMORE CITY								
입	10a. STATE 10b. COUNTY	10	10c. CITY, TOWN OR LOCATION 10d. INSIDE CIT- LIMITS?								
	MD		BAL	IMOR	E CITY			1 XVES 2 □ NO			
AL	10e. STREET AND NUMBER				ZIP CODE		10g.	WHAT COUNTRY?			
FUNERAL	1034 VINE STREET				21223				JSA		
B	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO									
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			AL OCCUPATIO		18b. KIND	OF BUSINESS	/INDUSTRY			
9	Elamentary/Secondary (0-12) College (1-4 or 5 +)	life. Do	NOT use ret	red.)	n or worning		_		- 2		
COMPLETED	12th Grade					Key	way T	rans	ort		
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle					
8E	Elijah White, Sr.				Lena			Brant	-		
2	19a. INFORMANT'S NAME (Type/Print)  MARY WHITE				nd Number or Rural F ST./BAL				1223		
Ė	MARY WHITE	,			netery, crematory or	TITION	20c. LOCATION	•			
	1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place) KING	MEM	DRIAL	PK. CE	М.			STOWN, MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				M A D CITI		1101	E ?	NORTH AVE.		
$\dashv$	Drading war	مم	D						Approximate		
	shock, or heart fellure. List only one cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Up to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  b. ACADIC LIVEY DISERSE  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.										
	PART II. Other significant conditions contributing to de	sth but not res	ulting in ti	a undarlyin	g csuse given in	Part I. 24s.	WAS AN AUTO	HSV 24	Ib. WERE AUTOPSY FINDINGS		
DICAL	Coagulapathy					0.055	PERFORMEDT	8	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
EDI	Chad wind stall					- 10	AER W		OF DEATH?		
ME						-			1 TYES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (Ch	neck only one)					
2	EXAMINER? NOSPITAL:	R/Outpetlant 3 🗆		HER:		, , , , ,					
PHYSICIAN:	27, MANNER OF DEATH 28s. DATE OF IN	JURY 2	8b. TIME O	28c. IN.	ury AT		BE HOW INJURY	OCCURED	-		
P	Natural 8 Pending (Month, Day,	Ybar)	INJURY		YES 2 NO						
8 A	2 Accident investigation 3 Suicide 8 Could not be 28e. PLACE OF building, at	NJURY — At home	, farm, stree	t, factory, offic	4		N (Street and Nu	mber or Runs	I Route Number,		
国	4 Homicide determined building, at	. (Specny)				City or To	wn, State)				
E	29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of m	knowledge, death	occurred a	the time, data	and place, and due	to the cause(s	and menner a	n stated.			
COMPLETED	(Check only one)  2 MEDICAL EXAMINER: On the basis of sxall								e(s) and menner as stated.		
8	29b. SIGNATURE AND TITLE OF DERTIFIER				29c, LICENSE NU	MBER DO2	29d.	DATE SIGNI	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO DOMPLETED CAUSE	OF DEATH (ITEM 2	27) (Type, Pri	nt)	4.	7		1 1/	, ,		
	Tim Kemp MD	ohns	HOP	Kins	HOSP	ital					
	31. DATE FILED (Month, Day, Year) _ 32. REGISTRAR'	S SIGNATURE	82								
	OCT 1 2 1990 Francious	Marine Marine	-								

BALTIMORE, MARYLAND IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within contrast death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the Ameral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

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•	10/10/90,10 #2											) 2	7944
	1 - STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT ICATE				MENTAL	. HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)					- 01	<i>-</i>			OF DEATH			TIME OF OEATH
	Cornel	1 DEX	TER	Will	liams	s, J1	· .		10-	10-90	Y YE	2	:30PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Month	05 BIRTH 05 - 7	8.	BIRTHPLA Country)	ACE (State or Foreign
	216-88-2332	1)∕∏(M 2 □ F	15	YRS.								MD	
OR	9a. FACILITY NAME (If not institution, give at University Hospit							e Ci			9c. COUNTY	OF DEAT	Н
घ	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION					10-	d. INSIDE CITY
DIRECTOR	MD		В	ALT	IMOR	RE.	CIT	Υ		1 X YES 2			
	10e. STREET AND NUMBER						ZIP CODI					OF WHA	T COUNTRY?
ER	2563 ROBB ST	TREET					212	18				USA	
BY FUNERAL	11. MARITAL STATUS  1/	12. WAS DECEOEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S., ARI I ☐ YES 2 (A) N MAR OR DATES	MED		If yes, spi			n, Puerto I	? (Specify Yea ticen, etc.)	or No— 14.	RACE — Black, W Specify:	American Indian, Thita, etc. BLACK
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondary (0-12) 9 t h	Cation completed) College (1-4 or 5	(Gh	ve kind of a Do NOT us	USUAL O work done se retired.)	during mo	IN st of workin	ng	16b	KINO OF BUS	SINESS/INDUS	TRY	
E COM	17. FATHER'S NAME (First, Middle, Last) CORNELL D. W	ILLIAMS	SR.				16. MOTI	IOL/	ME (First, I	Aiddle, Meiden IZABE	Sumame)	 D U N G	à
TO BE	198. INFORMANT'S NAME (Type/Print)  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  2563 ROBB STREET-BALTIMORE, MD. 21218												
20a. METHOD OF DISPOSITION    Main										or Town,	State		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CUTA	2					R C H		. 110	01 E.	NOF	RTH AVE.
	shock, or heert fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Finel												Approximate Interval Between Onset and Death
	reaulting in death)		Sed Head Injuries DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	DUENCE O	PF):								
ERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST		OR AS A CONSEC	QUENCE O	F):								
O			- d45 b44 -		I a				D-01			Langua	1
DICAL	PART II. Other algorificant condition	a contributing to	o death but not r	eauting	in the U	nderiyin	ceuse	given in	Part I.	24a. WAS AN PERFOR	RMED?	AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
PHYSICIAN: MEDICAL									_			ж	ES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_	OTUE		ACE OF D	DEATH (Ch	eck only o	ne)			
YSI	1 XIXES 2 □ NO	1 X Metiant 2	ER/Outpatient 3	□ DOA	4 Nu		6 5 □ R	esidence					
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending  3 Natural Investigation	FINJURY Day, Year) -90		JURY 29PM	28c. INJ WC	PRK?	<u>⊒</u> ⁄wo			njury occur n auto, truck)		k up truck lision	
	3 Suicide 6 Could not be determined	28a. PLACE building	OF INJURY — At he i, etc. (Specify)	me, farm,	street, fac	-	•		Clty	or Town, State)			y Dr.Anne
COMPLETED	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	(Check only											
BE CO	285. SIGNATURE AND TITLE OF CERTIFIER	1/		8			29c. LIC	ENSE NUI			29d. DATE S		lonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH ATE	M 27) /8m	a Drintl								

31. OATE FILEO (Month, Day, Year)

OCT 1 2 1990

50. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
FRANK PERETTI, MD 111 Penn Street, Baltimore, MD 21201 32. REGISTRAR'S SIGNATURE

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ii.	Iransit permit. F		
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x years after death. Page 6 may be retained by the property and the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the property of the pr	Barrietran burletran	m.	
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requires	een sign	of Hea	Shows
The law	te has b	ate Dept.	em 23
SICIAN:	certifica	the St	I, or It
VG PHY	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained.	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TTENDIA	TOR: AL	after de	28 ls I
DR A	DIREC	hours	Item

BALTIMORE, MARYLAND 21208-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

31. DATE FILEP / 14 - 10 2 2 1990

FUNERAL I within 72 h HOSPITAL

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**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD PM JOANN WRIGHT 10 90 2:53 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAY\$ HOURS 1 M 2 F YRS. 76 9427 APRIL 1960 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 4917 Queensbury DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10d. INSIDE CITY LIMITS? 10b. COUNTY 10c, CITY, TOWH OR LOCATION 10a. STATE 1- YES 2 | NO MARYLAND BALTIMORE FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4917 QUEENSBERRY AVENUE 21215 S. OF A. 11. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR DR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced BLACK ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp. Elementary/Secondary (0-12) 0-12 College (1-4 or 5+) COMPL COOK RESTAURANT 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM WRIGHT DORIS TURNER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. WILLIAM WRIGHT, JR. 2933 CLIFTON AVENUE BALTIMORE, MARYLAND 21216 20e. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Removal from State 20b. PLACE DF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata ARBUTUS MEMORIAL PARK 10/8/90 BALTIMORE, MD. BALTO, CO. Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEWIS T. GWYNN FUNERAL HOME 21215-6393 (ewis 4517 PARK HEIGHTS AVE. BALTIMORE, MARYLAND 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. **Approximate** interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition . FATTY LIVER resulting in death) DUE TO (OR AS A CONSEDUENCE OF): ALCOHOLISM CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMULABLE PRIOR TO COMPLETION OF CAUSE 1 X YES 2 □ NO OF DEATH? 1 X YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Home 5 🕅 Residence 6 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28d. DESCRIBE HDW INJURY OCCURED 28b. TIME DF 5 Pending Investigation 1 🔯 Natural 1 YES 2 ND BY 2 Accident 26s. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE Noneld & Wight 10-4-90 OCME 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M.D., Deputy Chief Donald G. Wright, Deputy Chief 111 Penn Street, Baltimore, 21201

	permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 27805-3146	SPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxx15 after death. Page 6 may be retained by the sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be executed in the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal.  NT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at one.	
•	INSICIAN: The law requires that the death certificate be executed within 2x 25th after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be examined the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  44, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
N OF VITAL RECORDS, P.O. BOX 13146,	NO PHYSICIAN: The law requires that the death certificate be executed within 2xxxxxxx after define this certificate has been signed by the attending physician and completely filled in by the fast with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. marked, or tiem 23 shows any Injury, or other traumatic event, the medical ex	
O NOISION O	TO THE HOSPITAL DR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this or be fined within 72 hours after death with IMPORTANT: If Item 28 is marked	

1 - STATE REGISTRAR		STATE OF I		DERTIF					MENIAL	REG. NO.		20	7 2 1 9 4
1. DECEDENT'S NAME (First	, Middle, Lest) Donna	L.		Web	b				2. DATE	0F DEATH -7-90 DAY	1	YEAR	3. TIME OF DEATH 8:40AM
4. SOCIAL SECURITY NUM 213-62-2260		5. SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH 1. Day, Year) 28-195	,	8. BIRTHP Country)	
98. FACILITY NAME (# not h	nstitution, give s		30				more		ATH	20-193		NTY OF DEA	Md ath
RESIDENCE OF DE	10b. COUNTY	,			TY, TOWN C		ION						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI		AAT COUNTRY?
200 N. Cu	lver S				La		2122					SA	
11. MARITAL STATUS  1 Never Married 2   3 Widowed 4 Div			YES 2 (			If yes, sp	endent C ecify/Cube 2 NO	n, Maxica	n, Puerto F	7 (Specify Yea Ricen, etc.)	or No—	14. RACE - Black, Specify	- American Indian, White, etc. : : Black
				DECEDENT'S (Give kind of life. Do NOT u	work done			ng	18b.	Comme			edit Corp
17. FATHER'S NAME (First, A	Aiddle, Last)						1			Viddle, Maiden	Surname)		
Shadrick	_			105 MAII IM	A A A A A A A A A A A A A A A A A A A	R /Street s			Hal	ber, City or Town	State 7h	Code	
Shadrick				139 N						ltimor			29
20a, METHOD OF DISPOSI 1 💢 Burlel 2 🗆 Cremeti 4 🗆 Donation 5 🗆 Othe	on 3 - Rem	oval from State	20b. PLA other	CE OF DISPO					1 Ho	pe We		city or Tow	
21. SIGNATURE OF FUNER.	AL SERVICE LIC	Ma	rch	_	22.	Mar	ch F	/H W		enue			
IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in deeth) LAST  Onset and Deeth  Onset and Deeth  Due to (or as a consequence of):  Due to (or as a consequence of):  Oue to (or as a consequence of):													
PART II. Other signific	ant condition	d.	o death but no	ot recuiting	in the ur	nderlyin	g cause	given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL						LACE OF E	DEATH (Ch	eck only o	ne)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	t 3 🗆 DOA	4 Nu	rsing Hon	4 5	esidence	8 🗆 Othe				
27. MANNER OF DEATH  1 Netural 8 2 Accident	Pending Investigation	28a. DATE O 10-/-	F INJURY Day, Year)	28b. TI 8:	ME OF JURY () () @M	W	JURY AT ORK? YES 2	NO №		BJECT (			OTIC
a 🗆 a 1111	Could not be determined	28e. PLACE building HOME	OF INJURY — AI I, etc. (Specify)	t home, farm.	street, fac	tory, offic	:0		City	ATION (Street ) or Town, State) IMORE	CIT		CONTROL NUMBER RYLAND
[Orisica oriny —		ICIAN: To the best of											and menner as stated.
296. MONATURE AND TITL	1	eghou						OCME				10-7-	(Month, Day, Year)
30. NAME AND ADDRESS O MARGARITA		ELL,MD				1 Pe	enn S	stree	et,Ba	ltimor	e,MD	2120	01
31. DATE FILED (Month, De)		22. REGISTE	AR'S SIONATUR	ndell.									-

DHMH-16 Rev 1/89



1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	HILL	ICALE	OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Joseph L	eland Yarl	ott					2.	Date of DEATH DA	[1, 19	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 047 12 7850	5. SEX 6.	AGE (In yrs. las	t birthday) YRS.	IF UNDER 1	DAYS	IF UNDER 24 HI HOURS MI	RS. 7.	DATE OF BIRTH (Month, Day, Year) 6/16/23	8.	BIRTHPLACE (State or Foreign Country) Mass.	
5	9a. FACILITY NAME (If not institution, give 6200 Smith Av				9b. CITY,		eltimor				COUNTY OF DEATH Baltimore	
FUNERAL DIRECTOR	nesidence of decedent  10a. STATE  10b. COUNT  Md .  Ba	altimore		10c. CIT	Y, TOWN OF		imore				10d. INSIDE CITY LIMITS?  1 YES 2 [X] NO	
ERAL	100. STREET AND NUMBER 6200 Smith As	ve.		101. ZIP CODE 21209						N OF WHAT COUNTRY? S. A.		
6	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT B FORCES? 1X IF YES, GIVE WAR	YES 2 N	2 NO If yes, specify Cuban, Maxican, Puart					ORIGIN? (Specify Year uarto Rican, atc.)	or No— 14	RACE — American Indian, Black, White, atc. Specify: White	
COMPLEASED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)		(Gi	ive kind of a	work done du se retired.)	ual occupation done during most of working stired.) urer s Rep.			Misce	roducts		
	17. FATHER'S NAME (First, Middle, Lest) Albert Ear:	l Yarlott							First, Middle, Maiden n Weighar			
10 05	19a. INFORMANT'S NAME (Type/Print) Mrs. Barbara J.	Yarlott	191		O Sm				Number City or Town		21209	
	26a. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Ren 4 Donation 3 Other (Specify)	novel from State	other pli	ece)			VA Cen				y or Town, State Mills, Md.	
	21. SIGNATURE OF PUNEMAL SERVICE LI	11 4	uz)		22. N M 6.5	TTCF	ADDRESS OF THE YORK R	EDEI	FELD HOME Baltin			
CENTIFICATION	ahock, or heart fellure. List only one cause on each line.  Interval Between Onset and Daeth disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  Interval Between Onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and Daeth onset and											
EDICAL	PART II. Other algnificant condition	na contributing to da	esth but not r	resulting	in the und	derlyin	g cause give	n in Par	t i. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL					00.01	ACE OF BEAT	t (Obserted				
2	EXAMINER?	HOSPITAL:	200.4-41-4		OTHER	:	LACE OF DEATH					
THISICIAN. III	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,	JURY	28b. TIN		28c. IN.	JURY AT DRK?	28	Other (Specify) d. DESCRIBE HOW I	NJURY OCCU	REO	
ED DI	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF I	NJURY — At ho	me, farm,	street, facto	1 🔲 '	Petr	_	I. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPLE		BICIAN: To the best of my									cause(a) and menner as stated.	
4	29b. SIGNATURE AND TITLE OF CERTIFIE		line	, W	Q		29c. LICENSE				SIGNED Month, Clay, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE	OF DEATH (IVE	27) (Type	Print)	M	Bland	1.7	Ra Him	ns.	WA 71739	
	31. DATE FILED (Month, Day, Year)	M. REGISTRAR'S	s signature	delle.	1 ~ [DV		wyu	16	any y/ ///	-	willed	



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	3 shor	۳ ا	9e. Francis Scott			96	Balt	OR LOCATION OF DE	9c. (	COUNTY OF D	EATH		
	1, 2,	6	RESIDENCE OF DECEDENT		•								
	Pages	DIRECTOR	Md.			500 500 50	r, rown or Location 10d. in Li						
8		FUNERAL	100. STREET AND NUMBER 7526 Berkshir	e Rd.				101. ZIP CODE 2 1 2 2 4		10g.	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
03-3146 attending physician	å	à l	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ES 2X		If yes,	ECENDENT OF HISPAN specify Cuban, Maxicar ES 2 NO Specify	, Puarto Rican,		Black	E — American Indian, k, Whita, etc.	
2 b	ned for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DE	Give kind of work s. Do NOT use re	EDENT'S USUAL OCCUPATION  e kind of work done during most of working  DO NOT use retired.)  Domestic Engineer						
/LAND 2	2 %	BE COM	17. FATHER'S NAME (First, Middle, Last) Charles Ormann	Wilcox		16. MOTHER'S NAME (First, Middle, Melden Surname) Virginia Isabel Rid						gley	
MARY e retained	5 sho	10 8	19a. INFORMANT'S NAME (Type/Print)  Catherine Germ	nan				hire Rd.				1224	
MORE,	funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE other p	OF DISPOSITIO	ON (Name of o	cemetery, crematory or		20c. LOCATION	N — City or To	own, Stata	
BALTIMORE, pr death. Page 6 may 1	e funeral dir II. examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAME Sta	d. Ba	alto.	Md.			
BOX 13146, East of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	al, cremation	CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR DUE TO (OR	AS A CONSE	e.	2-20-21					Approximate Interval Betwee Onset and Des	
RECORDS, P.O.	on signed by the attuing the attuing the strain and Mental hows any Injury,	MEDICAL	PART II. Other algolificant condition	a contributing to dea		reaulting in t	he underly	ing ceuse given in		I. 24a, WAS AN AUTOPSY PERFORMED?  1 □ YES 2 □ NO		D. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 25 NO	
The la	rtificate has be he State Dept. or Item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient	3 DOA 4	THER:	PLACE OF DEATH (Chi		scify)			
OF HYSIC	E 5 30	BY PH	27. MANNER OF DEATH  1 Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Ye		28b. TIME O	Υ	NJURY AT WORK? YES 2 NO	28d. DEŞCRIB	RULNI WOH 3	Y OCCURED		
DIVISION . OR ATTENDING	DIRECTOR: After the hours after death tem 28 is mar		3 Suicide 6 Could not be detarmined	28e. PLACE OF IN. building, atc.	JURY — At h (Specify)	oma, farm, stre	et, factory, of	ffica	261. LOCATION City or Tox	N (Street and Nu vn, State)	umber or Rural	Route Number,	
DIN SPITAL OR	TO THE FUNERAL DIRE be filed within 72 hours IMPORTANT: If Item	┕	29a. CERTIFIER (Check only one) 1 PCERTIFYING PHYSIC DESCRIPTION ON 2 MEDICAL EXAMINE	CIAN: To the best of my								a) and menner as stated.	
TO THE HOSPITAL	TO THE FUNERAL DE filed within 72 h	TO BE C	296. SIGNATGRE AND TITLE OF SERTIFIED	Mo	>		29c. LICENSE NUM		29d	DATE SIGNE	2 / 8 a		
		- 1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (IT	EM 27) (Type, Pri	int) _m						

Scott

Francis

Kay

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS

DAYS

6. AGE (In yrs. lest birthday)

7 3YRS.

Hospital

Ballenge

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

213-18-3530

Mary Amold

5. SEX

1 🗌 M 2 🙀 F

90

6. BIRTHPLACE (State or Fereign Country)

Md.

> Approximate Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

FO PEAR

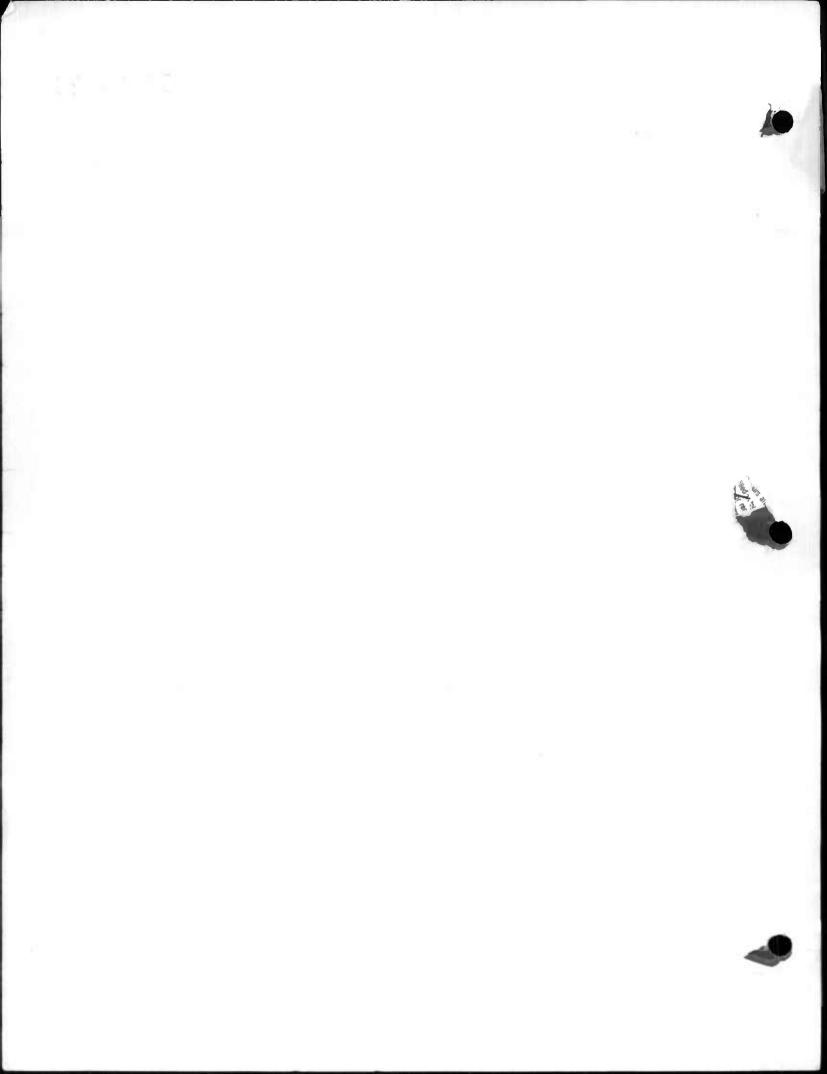
9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 11-12-16

DHMH-16 Rev 1/89



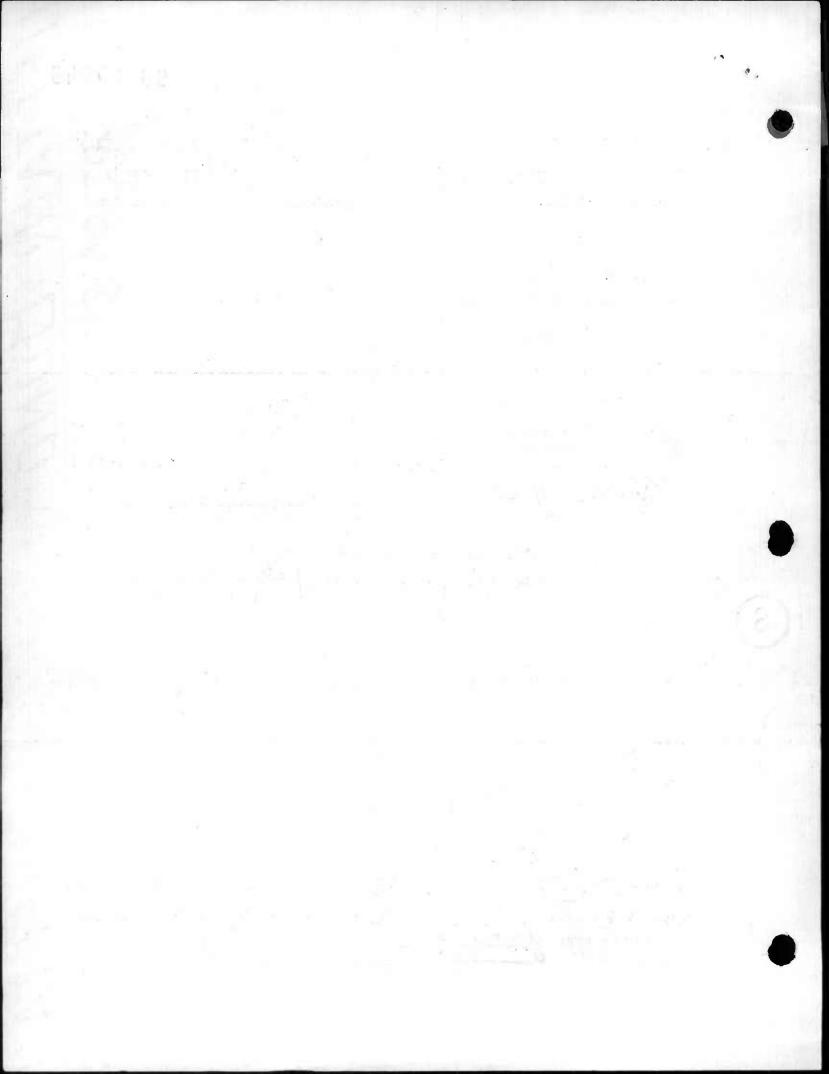
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	Pages	
	permit.	
entitled within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	
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BALTIMORE, MARYLAND 21203-3146

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TO BE COME	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
I examiner must be notified at once.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or effect number of the medical examiner must be notified at once.
val.	be filed within 72 hours after death with the State Dept. or Health and Muntal Program of the School or remove.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been asset by the attached to the funeral director, page 5 should be detached.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law myname that personne mented within 24 hours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P. BO 13146,
	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR

1. DECEDENT'S NAME (First, Middle, I	est)	CE				2. DATE OF DEAT	Н			3. TIME OF CEATH		
Edward Starke	v Arnott					10-9-	DAY		PASY	12:07a		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last .	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	1		6. BIRTH	PLACE (State or Foreign		
232-01-8638	1, M 2   F	80	YRS.	MONTHS DAYS	HOURS MIN.	FEB. 17,	ur)		Country			
9a. FACILITY NAME (If not institution, Avalon Home	Inc.				or Location of D		9.	c. COUN	ty of DE			
RESIDENCE OF DECEDEN  10e, STATE 10b, CO			10c CIT	TY, TOWN OR LOCAT	TION					10d. INSIDE CITY		
WV BERKELEY			MARTINSBURG							10d. INSIDE CITY LIMITS?  1 X YES 2 NO		
10e. STREET AND NUMBER		•		10	f. ZIP CODE		- 10	0g. CITIZ	EN OF W	HAT COUNTRY?		
605 S. RALEIGH	STREET				2540	1				USA		
11. MARITAL STATUS  12. WAS DECEDENT EVER II 1 Never Married 2XX Married FORCES? 1 YES		1 YES XXN	IN U.S. ARMED  13. WAS DECENDENT OF HISPAI  If yee, specify Cuban, Mexica			NIC ORIGIN? (Specify Yes or No-			14. RACE — American Indian, Black, White, etc.			
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 TYES	2XXNO Speci	fy:			Specil	WHITE		
15. DECEDENT'S		16a. DEC	EOENT'S	USUAL OCCUPATION	ON	16b. KIND O	BUSINE	ESS/INDL	JSTRY	WILLIE		
(Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5+)  12 1		5+)	(Give kind of work done during most of working life. Do NOT use retired.)  PRINTER				PRINTING			C		
17. FATHER'S NAME (First, Middle, Las	)	110			16. MOTHER'S N	AME (First, Middle, M						
EDWARD A. ARNOT						STARKEY						
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	O ADDRESS (Street a		Route Number, City of	Town, S	Itato, Zip	Code)			
MRS. DOROTHY S	. ARNOTT		605	5 S. RAL	EIGH STR	EET, MAR	TINS	BUR	G, W	V 25401		
1XX Durial 2 Cremation 3 Removal from State			ce)	SITION (Name of cer		20			ity or To			
4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE		_   ROSE	DALI	E CEMETE	RY ND ADDRESS OF F	ACH ITY	M	IART	INSB	URG, WV		
		/		42. NAME A	NU ADDRESS OF F							
IMMEDIATE CAUSE (Final disease or condition	or complications the	nat caused the des	eth. Do	not enter the mo	ode of dying, au-	MARTINS ch as cardiac or	BURG	ory arre	V 25	Approximate Interval Bets		
23. PART I. Enter the diseases, ahock, or heart felt iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the ure. List only one complications as DUNET To DUNE To C.	nat causad the des	oth. Do	not enter the mo	BOX 821, ode of dylng, au	MARTINS ch as cardiac or	BURG	ory arre	V 25	Approximate Interval Bets		
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the ment, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention of field within 72 hours after death with the State Dept. of Health and Mental Hy IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or

2

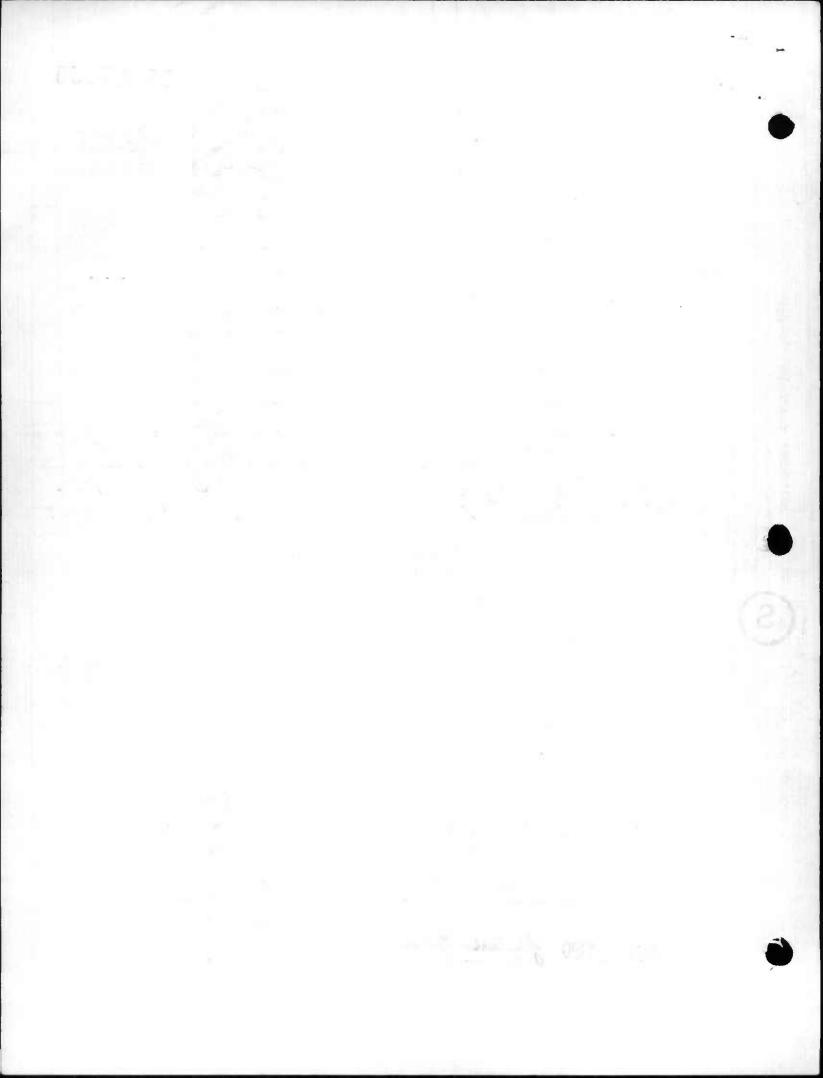
4 Homicide 6 Could not be	building,							City or	City or Town, State)				
27. MANNER OF DEATH  1 Natural 8 Pending 2 Accident Investigation 3 Suicide 6 Could not be	(Month, D	28a. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF INJURY M  28c. INJURY 1 □ YES  28c. PLACE OF INJURY — Al home, farm, street, factory, office											
1 YES 2 NO	HOSPITAL:		_	_	R: rsing Hom	10 5 □ R		6 Cher (S					
								_   1	YES 2	ND	OF	MPLETION DF CAI DEATH? YES 2 NC	
PART II. Other significant conditions	contributing to	death but not	resulting	In the u	nderlyln	g cause	given in	Part I. 24	e. WAS AN AL		AM	RE AUTOPSY FINE	
that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE C	OF):									
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(DR AS A CONSE	QUENCE C	OF):					-		-		
resulting in death) a.		(OR AS A CONSE											
ehock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition		se on each line		pu)	FA		سرو					Interval Bet Onset and I	
23. PART I. Enter the diseases, or co	mplications that	ceused the de	eath. Do		7922	WIS	E AV	ENTE	DUNDA	T.K. M	D	21222 Approximat	
IL SIGNATURE OF PRIVENAL SERVICE LICE	MEE /		ANO.	22.	NAME A	ND ADDRE	SS OF FA	CILITY				K, INC.	
20a. METHOD OF DISPOSITION    ▼ Burlal 2 □ Cremation 3 □ Remov	al from State	20b. PLACE other po	lace)					000		TION — City		State RYLAND	
FRANCES J. BURGH								NUE C				LAND 2	
JOHN EDWARD BURGH						REF	BECC	A ANN	OUINN				
8TH GRADE	A/N		ST	TEEL	WORK	-	HER'S NA	BE ME (First, Midd	Meiden Su		DIDIL.	CORP	
15. DECEDENT'S EDUCA (Specify only highest grade on Elementary/Secondary (0-12)		(G	ECEDENT'S Bive kind of a. Do NOT u	work done	during mo		ng	16b. KJI	VID OF BUSIN	ESS/INDUST	ĦΥ		
☐ Wildowed 4 ☐ Divorced WW II						2 X NO	Specify		VD OF BUSIN			OCHY: WHITE	
612 GOLDS BOROUGH AVENUE  11. MARITAL STATUS  1 Never Married  2 Married  12. WAS DECEDENT EVER IN U.S FORCES?  14. YES  2 YES  2			RMED NO	1 2	If yes, spe	ENDENT C	F HISPAN	IIC ORIGIN? (S n, Puerto Rica			U.S.A.  14. RACE — American Indian Black, White, etc.		
60. STREET AND NUMBER 61.2 COLDS ROPOLICH				101	ZIP COD	₌ 2161	3		iog. CITIZEN				
	ORCHESTE	CHESTER CAMBRIDGE							LIMITS?  1   YES 2				
UNIVERSITY HOSPIT	5/L-		10c, CIT	ry, town (		TIMO	KE C	TII			100	I. INSIDE CITY	
e. FACILITY NAME (If not institution, give street				9b. CITY		R LOCATIO			1	c. COUNTY	OF DEAT	1	
213-09-3096	71	MONTHS DAYS HOURS MIN.					(Month, Day, Year) Cou				RYLAND		
L SOCIAL SECURITY NUMBER	JOHN S. SEX	E. BURG		. Is invoce	1 VEAD	ST LOUDED	04 MDC	10	11	91	0	0330 CE (State or Fore	
								2. DATE OF MONTH	DAY	YE		TIME OF DEATH	

DY011

all 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 5 1990 Julia Davidson-Mandalla

1 Ero



BALTIMORE, MARYLAND 21203-3146	HYSICIAN: The law requires that the death within the contract after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the atternment attendance of completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	4 within 72 hours after death with the State Dept. of Health and Mental Mysem commander, or removal.	BRIANT: if item 28 is marked, or item 23 shows any injury, or other traumatic avent, the medical examiner must be notified at once.
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JIVISION OF VITAL RECORDS, P. O. BOX 8146,	\$	ysican	١	r frauma
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S, P	he death	the atte	Mental	njury, (
ORD	es that t	gned by	ealth and	s any i
REC	w requir	peen si	pt. of Hi	3 show
ITAL	V: The la	cate has	State De	item 2
F VI	YSICIAN	is certifi	ith the	ed, or
ONO	IOSPITAL DR ATTENDING PHY	NERAL DIRECTOR: After thi	death w	s mark
VISIO	ATTEN	RECTOR:	irs after	T 28 is
ō	ITAL DR	RAL DIF	72 hou	: If iter
	HE HOSP	HE FUNE	led within	DRITANT

TO BE COMPLETED BY FUNERAL DIRECTOR

다 2 0 0 MI

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First,	, Middle, Last)							E OF DEATH		YEAR	3. TIME OF DEATH
		DAVID LE	E BARR				OCT 3 1990 1:05			1:05 A M	
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In yrs. I		IF UNDER 1 YEA		7. DAT	E OF BIRTH oth, Day, Year)		8. BIRTH Count	IPLACE (State or Foreign
183-34-9138		1 XM 2 - F	47	YRS.	MONTHS DAY	S HOURS MIN.		R 11 19	943		SYLVANIA
9e. FACILITY NAME (If not in	nstitution, give s	street and number)			96. CITY, TOW	N OR LOCATION OF D	EATH			NTY OF D	
NATIONA RESIDENCE OF DEC		L MEDICA	L CENTE	R		BETHESDA			M	ONTO	OMERY
10a. STATE	10b. COUNT	γ		10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
VIRGINIA		SYLVANIA			SPOTSY:	LVANIA					1 ☐ YES 2 🎇 NO
100. STREET AND NUMBER		.00				101. ZIP CODE			10g. CIT	IZEN OF V	WHAT COUNTRY?
P. U.	BOX 6	12. WAS DECEDEN	T EVED IN ILE	LOMED	42 WMG	22553 DECENDENT OF HISPA	NIC OBIC	INT (Casalty Vac			STATES  E — American Indian,
1 Never Married 2	Married	FORCES?	MAR OR DATES		If yes	, specify Cuban, Maxic	an, Puarte		or NO-	Black	k, White, etc.
3 Widowed 4 Divo	proed		1 - 198	3	'''	YES 2 TO NO Speci	ny:			Spec	WHITE
15. DEC (Specify onl	EDENT'S EDU	CATION completed)		DECEDENT'S U		ATION most of working	16	b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0	T	Collage (1-4 or 5	+)	lle. Do NOT use	retired.)						
		5		U.S.				DEFEN		,	
17. FATHER'S NAME (First, M	Hiddle, Last) Fr	ancis Br	otherli	n Barr		18. MOTHER'S N		, Middle, Meiden EORGIA		COLE	
19a, INFORMANT'S NAME (		LIVED DIM	· ·	19b. MAILING	AOORESS (Stre	eet and Number or Rural					
PATRICIA A	. BARR			P. O.	BOX 63	33, SPOTS	YLVA	NIA, VA	225	53	
20a. METHOD OF DISPOSIT	ION on 3 X Ram	novel from State	other	place)		f cemetery, cremetory or		20c. LO	CATION -	City or To	own, Stata
4 Donation 5 Other (Specify) ARLINGTON NATIONAL CEMETERY ARLINGTON, VA							VA				
21. SIGNATURE OF FUNERAL SERVICE LICENSEI  22. NAME AND ADDRESS OF FACILITY  MULLINS & THOMPSON FUNERAL SERVICE											
P.O. BOX 3550, FREDERICKSBURG, VA 22402											
ahock, or h											
Sequentially list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inje that initiated events reaulting in deeth) LAS	diate ING ury	c	O (OR AS A CONS								
PART ii. Other aignifica	ant condition	ne contributing to	death but no	t reaulting in	n the under	lying cause given li	Part I.	24a. WAS AN PERFOI 1 K) YES 2	RMED?	248	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO
25. WAS CASE REFERRED T	TO MEDICAL				20	6. PLACE OF OEATH (C	heck only	one)	*		
EXAMINER?  1 YES 2 NO		HOSPITAL:	☐ ER/Outpetlant	3 DOA	OTHER:	Home 8 - Rasidenca	8 🗆 Ot	her (Specify)			
27. MANNER OF DEATH		28a. DATE O		28b. TIME	OF 28c	INJURY AT WORK?	28d. D	ESCRIBE HOW	INJURY OC	CURED	
1 X Natural 5  2 Accident	Pending Investigation	(Mones,	Day, roury	1113		YES 2 NO					
A [] 0.134	Could not be determined	28e. PLACE building	OF INJURY — At I, atc. (Specify)	home, farm, s	treet, factory,	offica		CATION (Street ty or Town, State		or or Runal	Route Number,
one) 2 MEC	DICAL EXAMIN	ER: On the basis of					e time, di		nd due to t	the cause(	a) and manner sa stated,
296. SIGNATURE AND TITL		1///	11	0/		29c. LICENSE NI 28789	1120		29d. DA	TE SIGNE	(Month, Day, Year)
TO HAME AND ADORESS O	PERSON W	HO COMPLETED CAL	USE OF OFATH (	TEM 277 (Sina	Print) MA	TIONAL NA	- /	MEDICA	(12)	שפירו	1.5/10
C. A. OHL,			SE OF VERTIL (I	zrj (iypt),		THESDA, M				TEN	
	31. DATE FILED.(Month, Dgy, Year) - 32. REGISTRAR'S-SIGNATURE										
OCT 15	1990	guna vai	I COST - NOT	-							DHMH-18 Rev 1/

BALTIMORE, MARYLAND 21203-314

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

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1022490-01-001 AP

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-10-and after feath. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the 1 be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept., of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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107/90 =	PARELA		C 7 22	30		90	27952
1 STATE 0/07/00	STATE OF MARYLAND				HYGIENE	20	21325
REGISTRAR		CERTIFICAT	E OF DEAT		REG. NO.	2	A THE OF BELTH
1. DECEDENT'S NAME (First, Middle, Last)			100	MONTH		YEAR	3. TIME OF DEATH
		. last birthday) IF UNDE	R 1 YEAR   IF UNDER 2	4 HRS. 7. DATE C	OF BIRTH	8. BIRTH	PLACE (State or Foreign
	1 M 2 PF	YRS. MONTHS	DAYS HOURS	MIN. (Month,	07/90	Country	Prolong
9a. FACILITY NAME (If not institution, give stre	et and number)	9b. CIT	Y, TOWN OR LOCATIO			COUNTY OF DE	Total des co.
Francis Scott Key	Modical Cer	te I	Baltimore	City			
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY
						ŀ	LIMITS?
Maryland 100. STREET AND NUMBER		_ Dal [1]	ore Cit	У	10	g. CITIZEN OF W	
519 S. Rose Str	reet, Baltim	nore, Md.		21224		U.S	S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	ARMED 13.	WAS DECENDENT OF	HISPANIC ORIGINS	(Specify Yea or h	to- 14 BACE	— American Indian, White, etc.
1 Never Merried 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TES 2 NO		ican, etc.)		White
15. DECEDENT'S EDUCA	STION 160	. DECEDENT'S USUAL (	ACCUBATION .	105	KIND OF BUSINE		
(Specify only highest grade of	ompleted)  College (1-4 or 5 +)	(Give kind of work done life. Do NOT use retired.)	during most of working	100.	KIND OF BUSINE	33/14003141	
Elementary/Secondary (0-12)	College (1-4 or 5+)						
17. FATHER'S NAME (First, Middle, Last)	•		18, MOTH	ER'S NAME (First, M	liddle, Maiden Sum	ame)	
Robert Joseph M	<u> 1itchell</u>		Pa	mela Ba	rrett		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRES	SS (Street and Number	or Rural Route Numb	er, City or Town, St	tete, Zip Code)	
Pamela Barrett			ose St.	7			
20a. METHOD OF DISPOSITION 1X Xurlat 2 ☐ Cremation 3 ☐ Remove	val from State oth	ACE OF DISPOSITION (A		itory or		ON — City or Ton	
4 Donation 5 Other (Specify)	wsee   Ua		emetery	S OF FACILITY	IBalt	imore	County
10.21	2.1.	a F	uneral	Home 19	llly &	tern /	er, Inc. Ave,21231
Catherine	-M. Jest	6.02/					
23. PART i. Enter the diseeses, or co shock, or heart fellure. L	let only one cause on each	line.	r the mode of dyll	ng, such aa card	lec or reapirate	ory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Fine)	0						Onset and Dea
resulting in deeth)	DUBLID (OR AS A COL	NSEQUENCE OF):					3 days
-	Hologoven	. phalu &	yn Drone				3 Days
Sequentially liet conditions, if eny, leading to immediate	Hologrosenc	NSEQUENCE OF:	31.00				1000
cause. Enter UNDERLYING CAUSE (Disease or Injury		tresia_					Bray
that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A COI	NSEQUENCE OF):					
d.							1
PART II. Other eignificent conditions	contributing to deeth but r	not resulting in the u	inderlying ceuse g	iven in Part I.	24a. WAS AN AUT PERFORME		WERE AUTOPSY FINDING AVAILABLE PRIOR TO
					1 VES 2	No	COMPLETION OF CAUSE OF DEATH?
					* **		1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE		ATH (Check only on	•)		
1 TYES 2 THO  27. MANNER OF DEATH	1 Inpatient 2 - ER/Outpaties 26s. DATE OF INJURY	nt 3 DOA 4 N	26c. INJURY AT		(Specify)	BY OCCUPED	
1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?			ni occoned	
2   Accident 3   Suicide 4   Homicide  26. PLACE OF INJURY — At home, ferm, atreat, factory, office building, etc. (Specify)  29a. CERTIFIER (Check only)  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.							
4 Homicide 6 Could not be	building, etc. (Specify)			City	or Town, State)		
29a. CERTIFIER 1 CERTIFYING PHYSIC	DAN: To the best of my knowledg	e, death occurred at the	time, date and place.	and due to the cau	ise(a) and menner	an stated.	
COROCK UTTY	t: On the beals of examination an						) and manner as stated.
THE SIGNATURE AND TITLE OF CERTIFIER	1		29c, LICE	NSE NUMBER	29	d. DATE SIGNED	(Month, Day, Year)
Illum m	gross.			3339		IDIA	gn
30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)				9/10/	-10
Alice MCKNIGHT	FSKMC						
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE					



TAVITSH HE

(31)

200

5

3. TIME OF DEATH
420 pm

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

that the

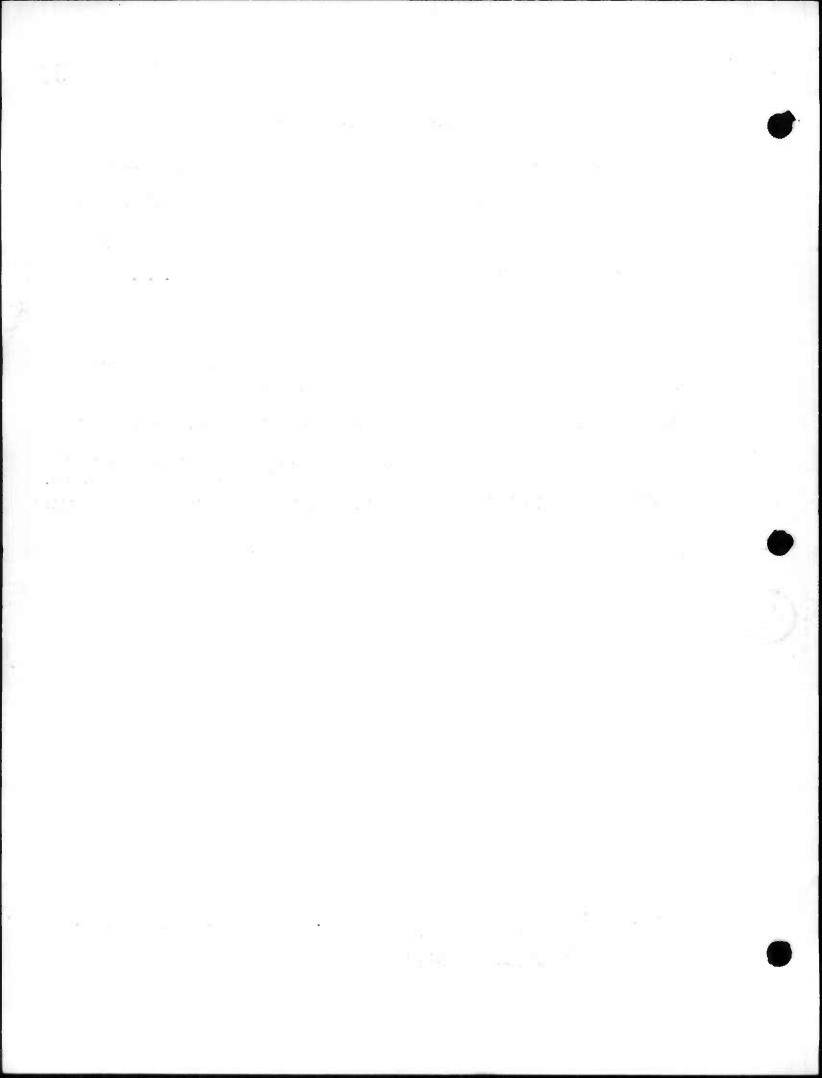
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires

O,
RECORDS,
VITAL
P
DIVISION

		JOSEPH	BANKE	RI	seph Fr	anci	s I	Bankert	MONTH	OF DEATH	7	AR 3.	420 pm
		4. SOCIAL SECURITY NUMBER 2/7 50 7282	5. SEX 6. A	AGE (in yrs		F UNDER 1 YE	AR NYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH Day, Year)	10	BIRTHPLA Country)	CE (State or Foreign
	_	9a. FACILITY NAME (If not institution, give at		1750				R LOCATION OF DE		- '	9c. COUNTY		
	DIRECTOR	RESIDENCE OF DECEDENT	CAL CER	1/ER				,	210	02	Baltim		
	16	MARYLAND 106. COUNTY				ALT.		NORE					I. INSIDE CITY LIMITS? YES 2 NO
	FUNERAL	3102 WOOL	PRING 1	AVE			101.	ZIP CODE 2/6	134	1	U.S.A		COUNTRY?
1	à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2	NO	If ye	s, spe	ENDENT OF HISPAN ledity Cuban, Mexican NO Specify	, Puerto F				American Indian, hite, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY												
once.	COMPL	12 17. FATHER'S NAME (First, Middle, Last) Joseph Leonard Bo	ankert	I Pi	rinting			18. MOTHER'S NAI	WE (First, A	Aiddle, Maiden		Sett	ing
8 1	TO BE	19. INFORMANT'S NAME (Type/Print) Linda Bankert						nd Number or Rumil F	loute Numb	oer, City or Tow	n, State, Zip Coo		21234
2		20e. METHOD OF DISPOSITION 1   Buriel 2 □ Cremetion 3 □ Rem	oval from State				_	netery, cremetory or			CATION — City		
er must		4 Donation 5 Other (Specify)						Cemetery	SILITY 5.5	Balt	imore.	Mar	yland
examiner		Marting.	Diggelfh			1		DADORESS OF FAC					me, Inc. and 21206
medical e		23. PART I. Enter the diseases, or a shock, or heart fellure.											Approximate interval Between
皇	ł	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Rupi	the	et un	eh	(21	I ame	ur	ysm	No.		Onset and Death
5		DUE TO (OR AS A CONSEQUENCE OF):											
other traumatic	CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR	AS A CO	NSEQUENCE OF):								
	RTIFIC	CAUSE (Discess or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CO	NSEQUENCE OF):								
-	ᄬ	PART ii. Other algnificent condition	d	ath but r	not requiting in	the unde	rivino	ceuse given in	Part i.	24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
shows any injury,	DICAL		-				.,		_	PERFOR	RMED?	AM CC	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
shows	¥								_			11	YES 2 NO
item 28 is marked, or item 23	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HO9PITAL:			OTHER:	26. PL	ACE OF DEATH (Ch	ack only or	10)			
d, or H	PHYSI	1   YES 2   NO  27. MANNER OF DEATH	1 Minpatient 2 EF  28a. DATE OF INJ (Month, Day.	URY		OF 28	c. INJ	URY AT			NJURY OCCUR	ED	
marked	BY P	1 Netural 5 Pending 2 Accident Investigation				M	' [] '	YES 2 NO	201 1 00	ATION /Charl	and Number or	Dural David	a Marahar
28 is	ETED	4 Homicide determined								Name,			
=	COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ICIAN: To the best of my									ause(s) ar	nd menner as stated.
POR	BE	29b. SIGNATURE AND TITLE OF CERTIFIE	3-M2	>				29c. LICENSE NUI	ABER D 6			IGNED (M	onth, Day, Year)
W	2	30. NAME AND ADDRESS OF PERSON WI	RUSS	OF DEATH	(ITEM 27) (Type, F		11	E. Unive	rsit	v Park			•
		31. DATE FILED (Month, Day, Year) 0CT 1 5 1990	2 REGISTRAN'S	SIGNATU	and 102	, 20		a. Onleve.		, ratv	way ba	2007	LILI 0
L		001 10 1030	1										DHMH-16 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BANKER Joseph Francis Bankert

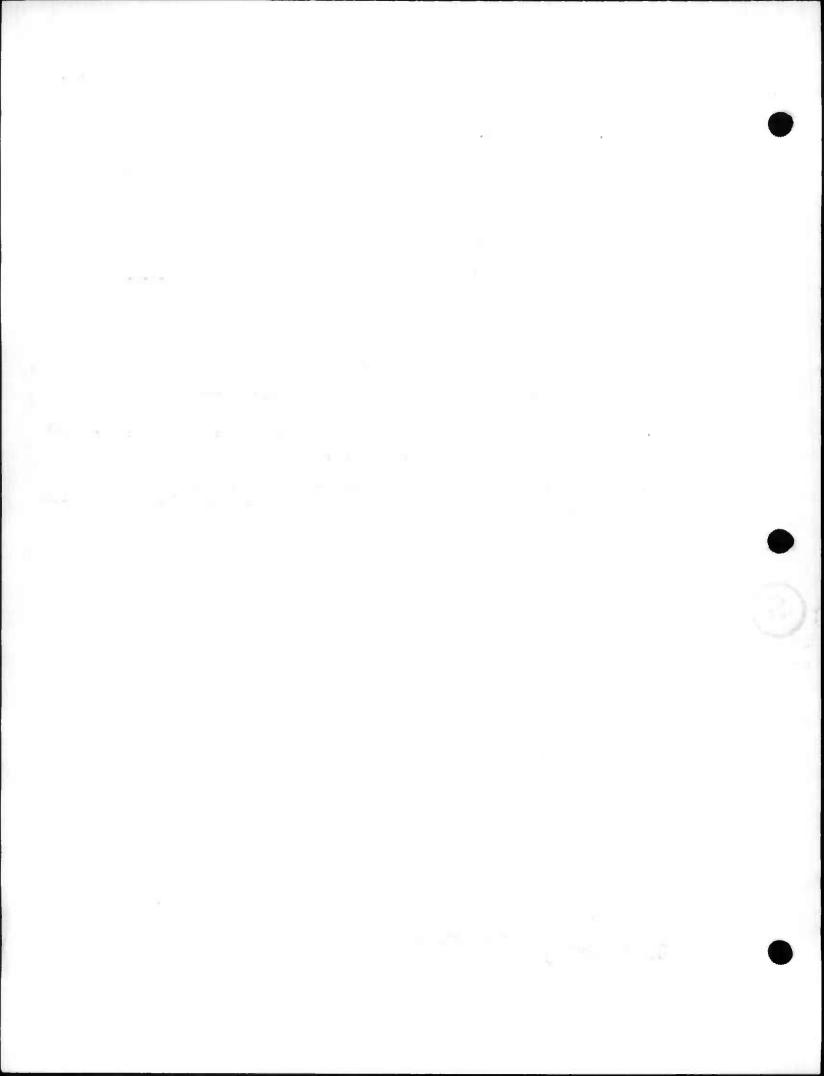


the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certains TO THE FUNERAL DIRECTION. After this certificate has been signed by the itending process filed within 72 hours after death with the State Dept. of Health and Mergal Hyghens processing MPORTANT: If Item 28 is marked, or item 23 shows any Injurg, or other trans

31. DATE FILED (Month, Day, Year)
OCT 1 5 1990

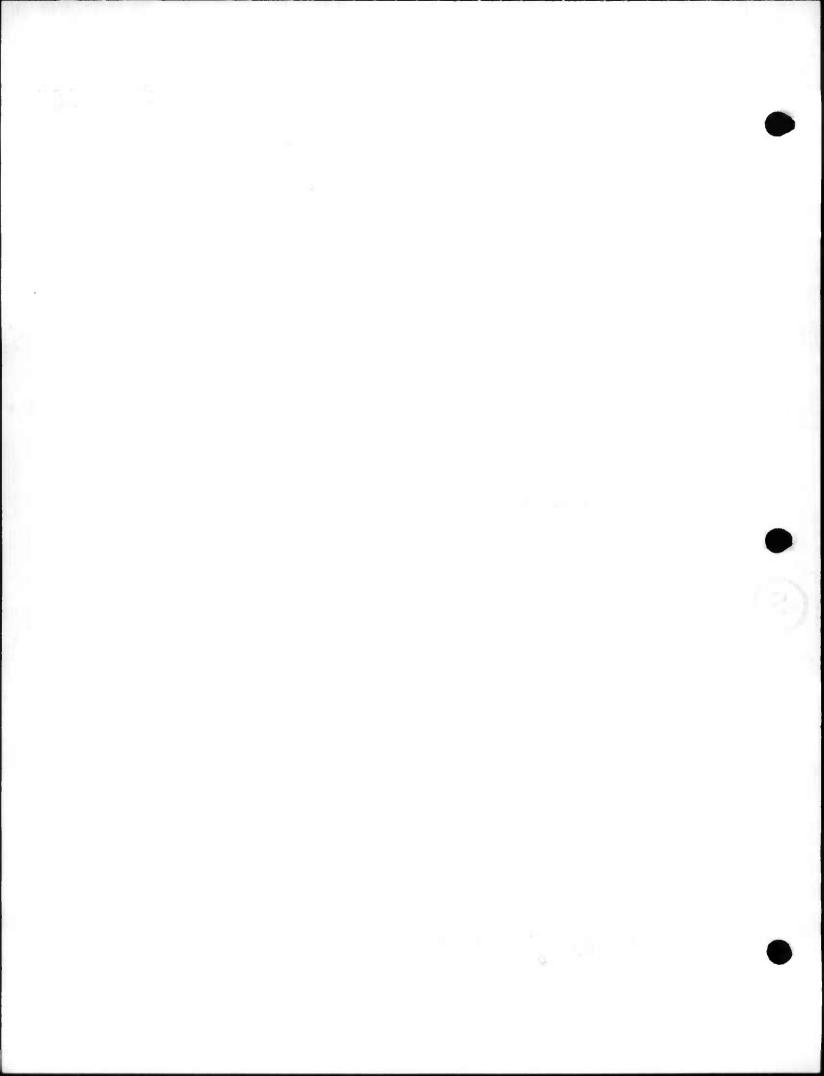
	1 - FOR STATE REGISTRAR		ARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF OEATH		
	IRVIN M. CHILDS	Sr.		10 09	90 12:35 A M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthda		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)		
	212-09-5755 1 TM 2 [	□ F 86 YRS	3. MONTHS DAYS HOURS MIN.	11-20-03	Maryland		
	Se. FACILITY NAME (If not institution, give street end numb	per)	9b. CITY, TOWN OR LOCATION OF O	EATH 9c. CO	UNTY OF DEATH		
O	GREATER BALTIMORE MED	ICAL CENTER	TOWSON	B	ALTIMORE		
EG	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	10c.	CITY, TOWN OR LOCATION		10d. INSIDE CITY		
DIRECTOR	MARYLAND BALTIMORI	E City	BALTIMORE		LIMITS?		
A	10e. STREET AND NUMBER		10f. ZIP CODE	10g. CI	TIZEN OF WHAT COUNTRY?		
FUNERAL	1112 Roland Heights	s Avenue	21211	U.	.S.A.		
ב ב	11. MARITAL STATUS 12. WAS DE FORCES	CEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	NIC ORIGIN? (Specify Yes or No-	14. RACE American Indien, Black, White, atc.		
B	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES  1 YES 2 NO Specify: Specify:						
	15. DECEDENT'S EDUCATION	16e. DECEDEN	T'S USUAL OCCUPATION	16b. KIND OF BUSINESS/IF	WHITE NOUSTRY		
ETED	(Specify only highest grade completed)  Elementery/Secondary (0-12) College (1-	(Give kind life, Do NO	of work done during most of working T use retired.)				
4	9th	Disti	ributing	Sugar Manu	facturing		
COMPL	17. FATHER'S NAME (First, Middle, Last)			AME (First, Middle, Meiden Surname)			
8	Frank Childs			ster			
2	190. INFORMANT'S NAME (Type/Print)	1 - 24 - 44	JNG ADDRESS (Street and Number or Rural				
Mrs. Mabel Childs  200. METHOD OF DISPOSITION  1112 Roland Heights Avenue, Baltimore, Md.  200. METHOD OF DISPOSITION  1010 Burlet 2 Cremetton 3 Removal from State  1112 Roland Heights Avenue, Baltimore, Md.  200. LOCATION - City or Town, State  Woodlawn, Maryla:							
	· denn Sugar	e Aluna	3631 Falls Ro	runeral nome oad. Baltimore	, Maryland 21211		
	23. PART i. Enter the diseases, or complication	ns that caused the deeth. D	o not enter the mode of dving sur	h as cardiac or respiratory s	errest, Approximata		
	abouck or heart fallure. I let only or	na cause on each line	o not since the mode of dying, sat	il as culdied of lespiratory a			
	shock, or heart fallure. List only or IMMEDIATE CAUSE (Finel	na cause on each lina.	or not enter the mode of dying, suc	il as culture of lespitatory a	Interval Between Onset and Dasth		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	PNEUMONIA		in as deluted of respiratory a	Interval Between		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	na cause on each lina.		n as caldied of fespiratory is	Interval Between Onset and Desth		
ION	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions,	PNEUMONIA	E OF):	n as caldied of tesphatory i	Interval Between Onset and Desth		
CATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	PNEUMONIA  OUE TO (OR AS A CONSEQUENCE	E OF):	n as caldied of fespitatory a	Interval Between Onset and Desth		
IIFICATION	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PNEUMONIA  OUE TO (OR AS A CONSEQUENCE	E OF):	in as caldied of tesphalory a	Interval Between Onset and Desth		
ERTIFICATION	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	PNEUMONIA DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE	E OF):	in as caldied of tespitalory	Interval Between Onset and Desth		
CE	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	E OF): E OF):	Part I. 24e. WAS AN AUTOPS	interval Between Onset and Desth 9 DAYS  Y 24b, WERE AUTOPSY FINDINGS		
AL CE	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if amy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	E OF): E OF):	Part I. 24e. WAS AN AUTOPS PERFORMED?	Interval Between Onset and Death  9 DAYS  9 DAYS  4 24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE		
AL CE	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if amy, isading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	E OF): E OF):	Part I. 24e. WAS AN AUTOPS	interval Between Onset and Desth 9 DAYS  9 DAYS  44b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
MEDICAL CE	shock, or heart failure. List only or immediate cause in the cause in the cause in the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE	E OF): E OF):	Part I. 24e. WAS AN AUTOPS PERFORMED?	y 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?		
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other aignificent conditions contribute.	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  E OF):  Ing in the underlying cause given in 26. PLACE OF DEATH (C)  OTHER:	1 Part I. 24a. WAS AN AUTOPS PERFORMED? 1  YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other aignificent conditions contributed to the contribute cause. The conditions contributed to the contribute cause of the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed to the contributed 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WAS AN AUTOPS PERFORMED?  1  YES 2 NO  heck only one)  6  Other (Specify)	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death)  PART II. Other aignificent conditions contribute the contribute cause. Examiner?  1  YES 2 NO 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1 Injury 1	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  E OF):  Ing in the underlying cause given in 26. PLACE OF DEATH (C)  OTHER:	1 Part I. 24a. WAS AN AUTOPS PERFORMED? 1  YES 2 NO	Y 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
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BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  2 Accident  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only)	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  E OF):  26. PLACE OF DEATH (C  OTHER:  A 4 Nursing Home 5 Residence TINJURY M  I YES 2 NO	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Interval Between Onset and Desth  9 DAYS  9 DAYS  24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  DOCCURED		
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  26. PLACE OF DEATH (C OTHER: 4   Nursing Home 5   Residence TIME OF INJURY AT WORK? M   1   YES 2   NO rm, street, factory, office	Part i. 24a. WAS AN AUTOPS PERFORMED?  1  YES 2 NO  beck only one)  6  Other (Specify)  28d. DESCRIBE HOW INJURY Cly or Youn, State)  e to the cause(e) end manner as a	Interval Between Onset and Desth  9 DAYS  9 DAYS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH  1 YES 2 NO  DECCURED  Der or Rural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Notice   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note   Note	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  26. PLACE OF DEATH (C)  A \( \text{ Nursing Home 5 } \) Residence  TIME OF INJURY AT WORK?  M 1 \( \text{ YES 2 } \) NO  rm, street, factory, office	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  6 Other (Specify)  28d. DESCRIBE HOW INJURY Colly or Town, State)  e to the cause(e) end manner as a serime, date and place, and due to	Interval Between Onset and Desth  9 DAYS  9 DAYS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH  1 YES 2 NO  DECCURED  Der or Rural Route Number,		
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contribute that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DEATH II. Other significent conditions contribute that initiated events resulting in death) LAST  29. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the page 29b. SIGNATURE AND TITLE OF CERTIFIER	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  E OF):  26. PLACE OF DEATH (C)  OTHER:  A 4   Nursing Home 5   Residence TIME OF   NURSING HOME TO SEE   NURS    M 1   YES 2   NO  rm, street, factory, office  Curred at the time, date end place, end du getton, in my opinion, desth occured at the	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  6 Other (Specify)  28d. DESCRIBE HOW INJURY Colly or Town, State)  e to the cause(e) end manner as a serime, date and place, and due to	Interval Between Onset and Desth  9 DAYS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  DOCCURED  Der or Flural Floute Number,  stated.  the cause(s) and manner as stated.		
COMPLETED BY PHYSICIAN: MEDICAL CE	shock, or heart failure. List only or immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions contribute the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause o	PNEUMONIA  PNEUMONIA  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQUENCE  DUE TO (OR AS A CONSEQU	E OF):  E OF):  E OF):  26. PLACE OF DEATH (C)  A   A   Nursing Home 5   Residence TIME OF INJURY AT WORK?  M   1   YES 2   NO  rm, street, factory, office  Curred at the time, date end place, end du getton, in my opinion, death occured at the	Part I. 24s. WAS AN AUTOPS PERFORMED?  1 YES 2 NO  6 Other (Specify)  28d. DESCRIBE HOW INJURY Colly or Town, State)  e to the cause(e) end manner as a serime, date and place, and due to	Interval Between Onset and Desth  9 DAYS  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO  DOCCURED  Der or Flural Floute Number,  stated.  the cause(s) and manner as stated.		



ment, the medical examiner must be notified at once.

10.

	FOR STATE REGISTRAR	STATE OF MARY	AND / DEPARTI CERTIFIC			MENTA	L HYGIENI REG. NO.	9	0 27955
		Mary	Coppolin			Oct	ober 1	3, 199	0 a m
	4. SOCIAL SECURITY NUMBER 213-09-9318	5. SEX 6. AGE		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Feb.	of BIRTH h, Day, Year) 28, 1		NRTHPLACE (Stelle or Foreign Country) taly
E I	99. FACILITY NAME (If not institution, give s 5917 Plainfiel		9	b, CITY, TOWN	Baltime		itv	9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT  100. STATE  100. COUNT		L 40c CITY	TOWN OR LOCA			5		10d. INSIDE CITY
DIRECTOR	Maryland		10C. CITY,		imore C	ity			LIMITS?
	10e. STREET AND NUMBER	1.0	,	101. ZIP CODE 109. CITIZEN OF WHA					
FUNERAL	5917 Plainfiel 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPA				RACE — American Indian, Black, White, etc.
B	1 Never Merried 2 Married 3 Wildowed 4 Divorced	2 NO DATES	11 yes, specify Cuben, Mexicen, Puarto Ricen, atc.)  1  YES 2 NO Specify:  Specify:						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondery (0-12)	CATION o completed) College (1-4 or 5+)	(Give kind of wor	EDENT'S USUAL OCCUPATION  Is lind of work done during most of working  NOT use retired.)  MSTress Ret.					
S	17. FATHER'S NAME (First, Middle, Last)		) Seams of e	33 N	18. MOTHER'S N	AME (First,	Middle, Meiden	Surname)	
BEC	Philip	Lanza			sephi		112 1100	Costa	
٩	190. INFORMANT'S NAME (Typo/Print) Rita T. Coppolii	no			ield Rd.		iber, City or Town		
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremetion 3 □ Ram 4 □ Donation 5 □ Other (Specify) □ P	noval from State	other place)	F DISPOSITION (Name of cometery, cremetery or a) aine Park 10/16/90  Baltimore Maryl					
	21. SIGNATURE OF FUNERAL SERVICE LI		Knight Jr		ND ADDRESS OF F	ACILITY		214	c hary rand
	> milton	1. Kmal	<i>*</i> 1		ard J. R		Inc.	5305 H	arford Road
		List only one cause on	each ilne.			ch aa cer	diec or reapi	ratory arrest,	Approximate interval Between Onset and Death
	disease or condition resulting in death)  e. Cardiac failure								
z	Sequentially list conditions.  Due to for As a consequence op:  Laterias elevatic Cardio Vascular Disease								
ATIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE OF):							
	PART ii. Other eignificant condition	ne contributing to death	but not regulting in	the underlyin	a ceues alven l	n Part i	24s. WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS
EDICAL	TAIT II. Ottor organicant conduct	to death		ule underlyn	g cades given i		PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
ž.									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (C				
PHYSICIAN: MEDI	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year	28b, TIME	OF 28c. IN	JURY AT ORK? YES 2 NO		SCRIBE HOW I	NJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, str	reet, factory, offi	ce	28f. LO	CATION (Street of y or Town, State)	and Number or I	Rural Route Number,
COMPLETED	Sangari orregij	BICIAN: To the beat of my kno							suse(e) and manner as stated,
BE CC	PID. SIGNATURE AND TITLE OF CERTIFIE	ER /			29c. LICENSE N				GNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F		olain Do		Ral+im	ore Ma	aryland
	Dr. Manuel A.  31. DATE FILED (Month, Day, Year)	Gongon M.D.	DNATURE	DOULB	elair Ro		מונוווו	אוכ, ויוכ	ai y tailu
	OCT 1 5 1990	Julia Davidso	n-Mandelle						

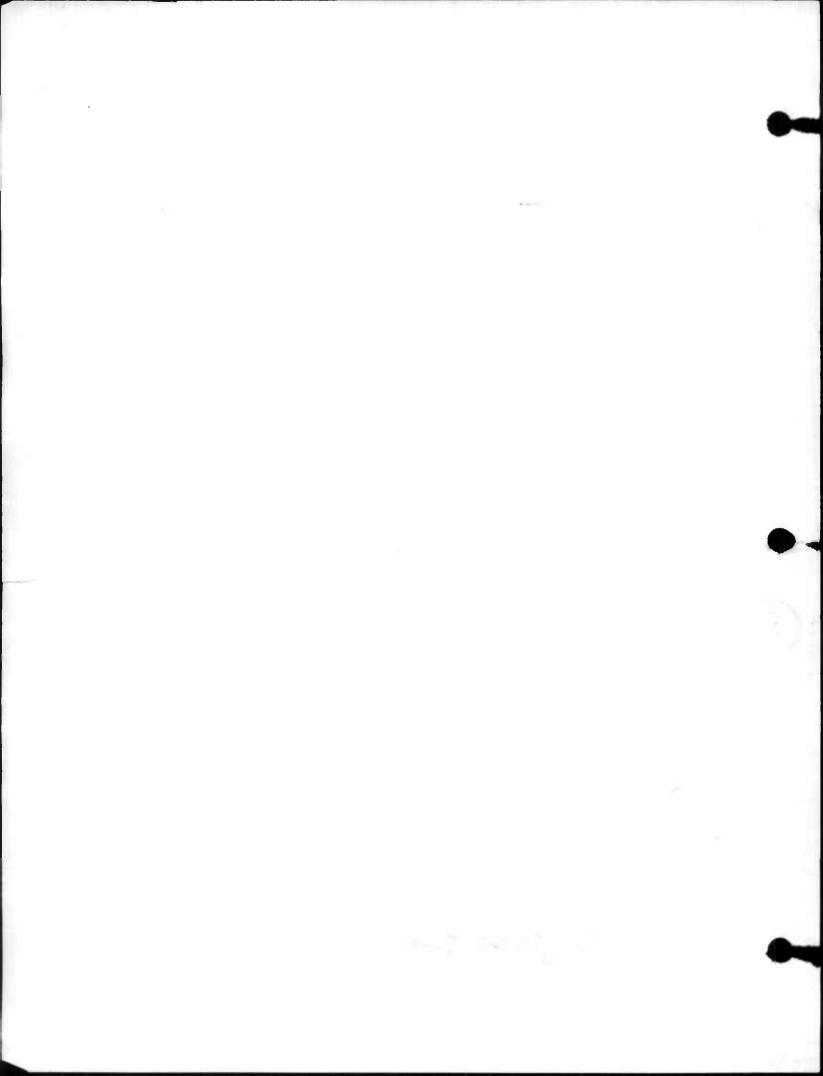


BALTIMORE, MARYLAND 21203-3146

· Andrew

DIVISION OF VITAL RECORDS,

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMI CERTIFICA				GIENE G. NO.	90	27956
	1. DECEDENT'S NAME (First, Middle, Lest) Ronald	Edward	Cha	ase, J	r.	2. DATE OF DEA	13 9	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-15-4661	5. SEX 6. AGE (1)	n yrs. lest birthdey) IF U	NDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, )	rh bar)		CE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a HOWARD COUNTY Rt. 29 & CWORRESIDENCE OF DECEDENT	GENERAL HOSPI		96. CITY, TOWN OR LOCATION OF DEA			1	nty of Death Howard	
DIRECTOR	10a. STATE 10b. COUNT Md How	Υ		wn or locate		LIMITS			1. INSIDE CITY LIMITS? YES 2X NO
FUNERAL	10e. STREET AND NUMBER 3410 Pierce Driv		101. ZIP CODE 21043			10g. CITI	U.S.A		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	U.S. ARMED 22 NO ATES	IED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yee, specify Cuban, Mexican, Puerto Rican, etc.)  1  YES 2 \( \tilde{\Sigma} \) NO Specify:				Yea or No.— 14. RACE — American Indien, Black, White, stc. Specify: WHITE		
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 11th Grade	JCATION e completed) College (1-4 or 5+)	(Give kind of work of	Give kind of work done during most of working le. Do NOT use retired.)			OF BUSINESS/INC		
BE COM	17. FATHER'S NAME (First, Middle, Last) Ronald E. Chase, Sr.					beth Fi	scher		
2	Ronald E. Chase,		3410 P:	ierce l	Orive, E	llicott	City,	Md. 2	1043
	1 ⊠ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (@becity) London Park				etery, cremetory or ETY D ADDRESS OF FAC		Balti		State
	· Tours	29	14/	Hubba	rd Funer	al HOme	Raltim	ore. M	Id. 21229
CERTIFICATION	23. PART I. Enter the diseases, Dr complications that saused the daeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Multiple Injuries  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. CAUSE (Disease or Injury)								
AL	that initiated events resulting in death) LAST  PART II. Other algorificant condition	d	ut not reaulting in th	e underlying	cause given in	F	VAS AN AUTOPSY PERFORMED? YES 2 NO	AW	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH?
PHYSICIAN: MEDIC									(XYES 2 □ NO
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1XXYES 2 NO	HOSPITAL: 1   inpatient 2   ER/Outp		HER:	a 5 Residence		w scene		
ED BY	27. MANNER OF DEATH  1  Natural	286. TIME OF INJURY 10:42P  At home, farm, street	y WORK?  DM 1  YES 2√√√NO passenger in a  et, factory, office 28f. LOCATION (Street end Number of City or Town, State)			auto/a			
COMPLET	one) MEDICAL EXAMIN	SICIAN: To the best of my know ER: On the besis of examination	ledge, death occurred at			to the cause(a) s	ind manner ae ata	ited.	Md.
TO BE 0	29b. SIGNATIONE AND TITLE OF CENTURA				OCME	IBER		10-14-	onth, Day, Year) -90
	Frank J. Peret	ti, M.D.	111 Pen		Balto.,	Md. 2	1201		
	11. DATE PILED (MORRIA, Day, 1827)	Julia Davidson	Mandelle						

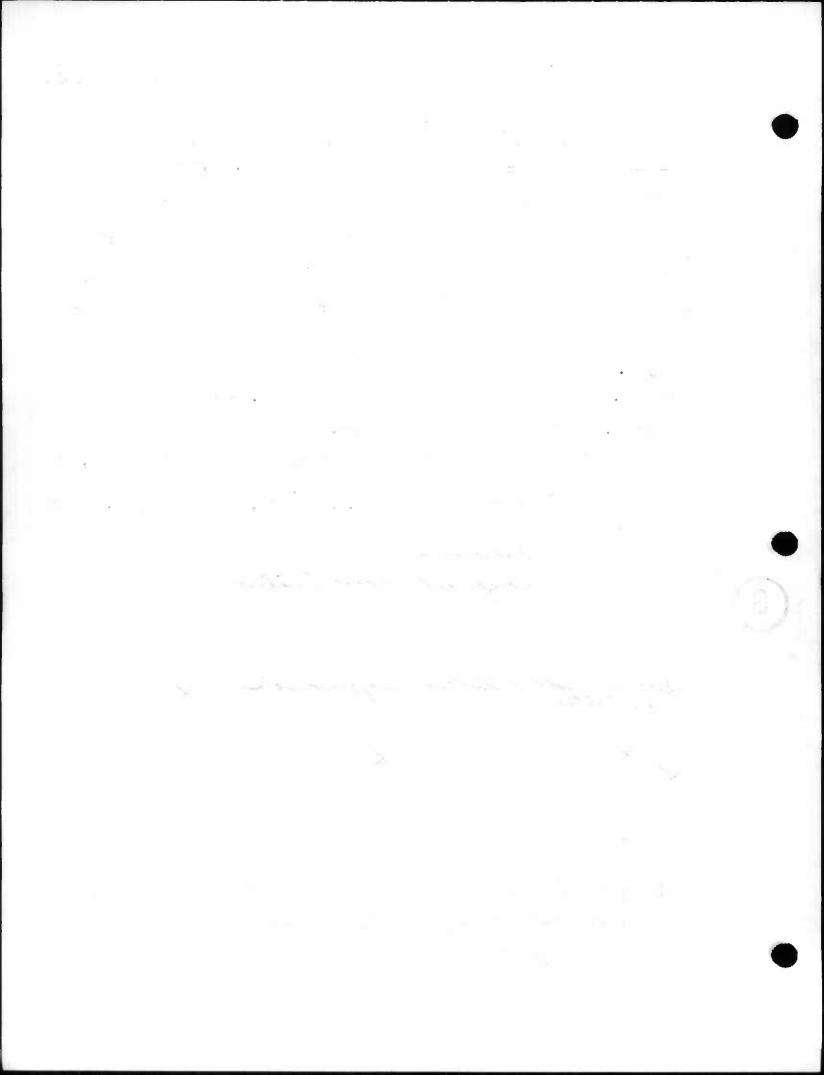


N.	-	.2	<b>5</b> 1
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifiers to second with 24	pletely	Bull	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other inserent event, the
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31. DATE FILED (Month, Day, Year)

OCT 1 5 1990

							Č	30 27957	
	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIE REG. N			
	1. OECEDENT'S NAME (First, Middle, Last) ETHEL G.	CHAMBE	1			2. DATE OF DEATH	Q C	YEAR 3. TIME OF DEATH	
			yrs. last birthday) 93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 11,	1897	6. BIRTHPLACE (State or Foreign Country) OHIO	
	9a. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DE			ITY OF DEATH	
OR	Rockville Nursing Home			Rockville			Mon	tgomery	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY		10c. CIT	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
	Maryland Montgomery			Rockville			1[		
3AL	10e. STREET AND NUMBER			101. ZIP CODE			10g. CITIZEN OF WHAT		
NE I	3 Lorraine Court	. WAS DECEDENT EVER IN	II S ARMED	20852			USA  NIC ORIGIN? (Specify Yea or No		
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	2 NO	If yes, sp		n, Puerto Rican, etc.)		Black, White, atc. Specify: White	
뎶	15. DECEDENT'S EDUCATION (Specify only highest grade com	ON pleted)	16a. OECEOENT'S (Give kind of	USUAL OCCUPATE work done during mo se retired.)	ON ost of working	16b. KIND OF	SUSINESS/INDI	USTRY	
빌	Elementary/Secondary (0-12) Co	college (1-4 or 5+)		emaker		Н	ome		
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid			
Ä	George C. Ressler				Ada	L. Rober	tson		
Bernice G. Wilkinson same as 10e.							own, State, Zip	Code)	
							City or Town, State		
	1X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	Knol	Lwood Ce	metery			Heights, Ohio	
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE		22. NAME A	ND ADDRESS OF FA	CILITY			
	* Koy W. B	souber				ARBER FUN			
	23. PART I. Enter the diseases, or come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition								
	resulting in death) a	DUE TO JOR AS A	CONSEQUENCE O		_				
CERTIFICATION . (1)	b	Confer	ove	Hoon	Fail	lue			
ATIO	Sequentially list conditions, If any, leading to immediata ceuse. Enter UNDERLYING	DUE TO OR AS A	CONSEQUENCE O	F):					
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):					
RTI	resulting in death) LAST	-							
	PART II. Other significant conditions of	ontributing to death bu	it not resulting	In the underlyin	g ceuse given in		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL	PART II. Other significant conditions of Authority History	and Dies	ese,	Hegge	yense	~ _	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MED	Anthe							1 TES 2 NO	
PHYSICIAN:		OSPITAL:	ellent 3 🗆 DOA	OTHER:	LACE OF DEATH (Ch				
НХ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCC	CURED	
Netural 5 Pending  2 Accident Investigation  M 1 YES 2 NO									
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci		street, factory, offi	ce	28f. LOCATION (Sin City or Town, St		or Rural Route Number,	
COMPLETED	(Check only	N: To the best of my knowledge to the basis of examination						ted. ne cause(a) and manner as stated.	
E CC	SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DAT	E SIGNED (Month, Dey, Year)	
0	Douglas BX	Mucenste	-M		027	301	110	0110190	
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								



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오글로롱	O
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도 도등 없	0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law receives that the death confidence become to TO THE FUNERAL DIRECTOR. After this certificate has been aloned by the amount part of the field within 72 hours after death with the State Cap. of Health and Mental High. prior to the IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other minute.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
	12

30. NAME AND ADDRESS OF PERSON
ROSE WARLE

31. DATE FILED (Month, Day, Year)
OCT 1 5 1990

CHAN

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO.	E	90 27958
	1. DECEDENT'S NAME (First, Middle, Last)  EARRIE	M. et	HEE	ZUP		2. DATE OF DEATH MONTH DA	0/9	YEAR 4135 A M
	213-14-3171	5. SEX 6. AGE (In yrs. 1 1 M 2 7 F 86	last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Nov. 13,	190	N. BIRTHPLACE (State or Foreign Country)  3. Md.
DIRECTOR	99. FACILITY NAME (If not institution, give stre Western Maryland Consideration of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strength of the strengt		Ave.		R LOCATION DE DE			hington
S	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d. INSIDE CITY
뜸	Md.		Ba	altimor	e			LIMITS?
	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CIT	IZEN OF WNAT COUNTRY?
ER	814 N. Kenwood	Avenue		2	1205		T	I.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yee n, Puarto Rican, atc.) :		14. RACE — American Indian, Black, White, etc. Specify:White
	15. DECEDENT'S EDUC/ (Specify only highest grade of		DECEDENT'S	USUAL OCCUPATION	ON at ad unadring	16b. KIND OF BUS	SINESS/INC	DUSTRY
COMPLETED	Flementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st or working			
AP.	8th		home	maker		home		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surneme)	
BE (		Chadwi	ck		unk			
0	19e. INFDRMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural F	loute Number, City or Tow		p Code)
-	Ronald Cheezum				od Ave	2120		
	20 METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remon  4 Donation 5 Other (Specify)	val from State 20b. PLA	r plecel	sition (Name of cer re Nati				City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE		22 NAME AI	D ADDRESS OF FA	CILITY	7	ral. Home
	Joseph 7. Za	///		Balt	imore,	Md. 2122	24	
	23. PART I. Enter the diseases, or co ahock, or heart fellure. L	omplications that baused the list only one cause on each l		not entar the mo	de of dying, auci	h as cardiac or reap	iratory ar	rreat, Approximata interval Between
- 1	IMMEDIATE CAUSE (Final	P		0	1 1-			Onset and Death
	disease or condition resulting in death)	. I henne	MIA	, le	ST			days
Z	C 6	DUE TO (DR AS A CON	ISEOUENCE D	ie: '	/			
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEDUENCE C	NF):				
2	CAUSE (Disease or injury			_				
	that initiated events resulting in deeth) LAST	DUE TO (DR AS A CON	SEQUENCE C	P):				
50円	4							
AP.	PART II. Other aignificent conditions	contributing to death but n	ot resulting					24b. WERE AUTOPSY FINDINGS
3	articio pelera	tec Cardia	nscul	er b	rence	1   YES 2		COMPLETION OF CAUSE OF DEATH?
								1 ☐ YES 2 ☑ NO
2 2						_		
NA.	25. WAS CASE REFERRED TO MEDICAL			26. Pi	ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2 ND	HOSPITAL: 1 Companient 2 ER/Outpetien	t 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 8 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		JURY AT	28d. DESCRIBE HOW	INJURY OC	CURED
BY⊓	1 Natural 8 Pending 2 Accident Investigation				YES 2 ND			
COMPLETED E	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm,	atreet, factory, offic		28f. LOCATION (Street City or Town, State,	and Numbe	er or Rural Route Number,
무	29a, CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge	, deeth occur	red at the time, date	end place, and due	to the cause(e) and ma	nner ee sti	ated.
MC	const. only							the cause(e) and manner se stated.
Ö	29b, SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	WBER	29d. DA	TE SIGNED (Month, Day, Year)

Pennsy

500

R. REGISTBAR'S SIGNATURE

vanil

2.23

	* REGISTRAR			ENIIF	ICALE	IF DEP	un .	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE	D. D	OWNING					2. DATE OF DEATH MONTH 10-14-19	ລັ້ວດ	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH	750		ACE (State or Foreign
	218-70-7233	1 M 2 X F	82	YRS.	MONTHS DA			(Month, Day, Year) 1-13-190	8	Maryl	
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TO	VN OR LOCAT	TION OF DE	ATH	9c. COUR	TY OF DEAT	Н
DIRECTOR	4200 Woodstock AV	re.			Ba	ltimo	re				
Ĭ Ĭ	10s. STATE 10b. COUNT	Y			Y, TOWN OR LO					10	d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER			Ва	ltimor				T		YES 2 NO
FUNERAL	4200 Woodstock Av	/e.				212			U.S		T COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	T EVER IN U.S.	RMED	13. WAS	DECENDENT	OF HISPAN	IC ORIGIN? (Specify Ye	or No-	14. RACE -	American Indian, fhite, atc.
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	Йио		YES 2 X NO		n, Puerto Rican, atc.)		Specify: White	
TED	15. DECEDENT'S EDU (Specify only highest grade			DECEDENT'S (Give kind of Ife. Do NOT u	USUAL OCCUI	PATION of most of work	iding	16b. KIND OF BU	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary (0-12) 12 Yrs.	College (1-4 or 5 +	)	lomema							
No.	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NAM	ME (First, Middle, Maiden	Sumame)		
	Nicholas Ri	idgely								Smit	h
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Str	eet and Numb	er or Rural R	loute Number, City or Tov	m, State, Zip	Code)	
임	Jean Almony			937	Fairmo	unt A	ve.,	Towson, M	d. 21	204	
	20a, METHOD OF DISPOSITION  1   Burlal 2   Cremation 3   Rem 4   Donation 5   Other (Specify)	novel from State	other	ninnel	of Fair			-17-90 Ro		City or Town	
	21 SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- j uai	uciis		E AND ADDR			3cau.		•
	Roy H. Cathe	ather			Leona	ard J.	Ruck, I	nc.,5305 Har	ford R	d.,Bal	to.,Md. 21214
	23. PART I. Enter the diseases, or shock, or heert fellure.	complications the List only one ceu	t caused that se on each li	deeth. Do ne.	not enter the	mode of d	ying, such	as cerdiec or resp	iretory arr	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition			_							Onset and Death
	resulting in deeth)	a. DUE TO	(OR AS A CONS	DOULING C	onary a	arrest					immediate
_					rtery I	Diseas	se				20 years
틷	Sequentially list conditions, if any, laeding to immediate	DUE TO	(OR AS A CONS	SEQUENCE O	F):						
2	cause. Entar UNDERLYING CAUSE (Disease or Injury	c	(OR AS A CONS	EQUENCE O	IFI:						-
CERTIFICATION	that initieted events resulting in death) LAST	d	(SILVE Y SOLLE	ALGOLINGE O	. ,.						
	DART II Other shouldness condition		denth had no	A	t- M	Later Labor.	-t t- 1	5.5.1 L. 1.00.0			
ह	PART II. Other significent condition	Obstruct					given in	PERFO	RMED?	Al	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO OMPLETION OF CAUSE
EDICAL		ODSCIACE	TVC I U.		ry Disc	-usc		1 TES	2 3 NO	O	F DEATH?
≥								-		'	YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF	DEATH (Che	eck only one)			
S	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆	Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH  1 Panding	28s. DATE OF (Month, D		28b. TII	JURY	INJURY AT WORK?	□ NO	26d. DESCRIBE HOW	INJURY OC	CURED	
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At atc. (Specify)	home, ferm,	street, factory,	office		28f. LOCATION (Street City or Town, State	and Number	or Rural Rou	te Number,
ETE	4 Homicide datarmined										
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS						-				ea tentrolemana
8	2 MEDICAL EXAMIN		Xamination and/	or investigati	on, in my opini				,		
BE	296. SIGNATURE AND TITLE OF CERTIFIE  SCREEN R. No	lore als	O.				25010	MBER		L0/15/	(90 Year)
임	30 NAME AND ADDRESS OF PERSON W	OLAN)	SE OF DEATH (I	TEM 27) (Тур	e, Print)						
	Dr. Soriffa Not an	. M.D., 803	5 Harfor	d Rd.,	Balto.,	Md. 2	1234				
	OCT 1 5 1990	Julia Da	ridson-As	ndett	8						

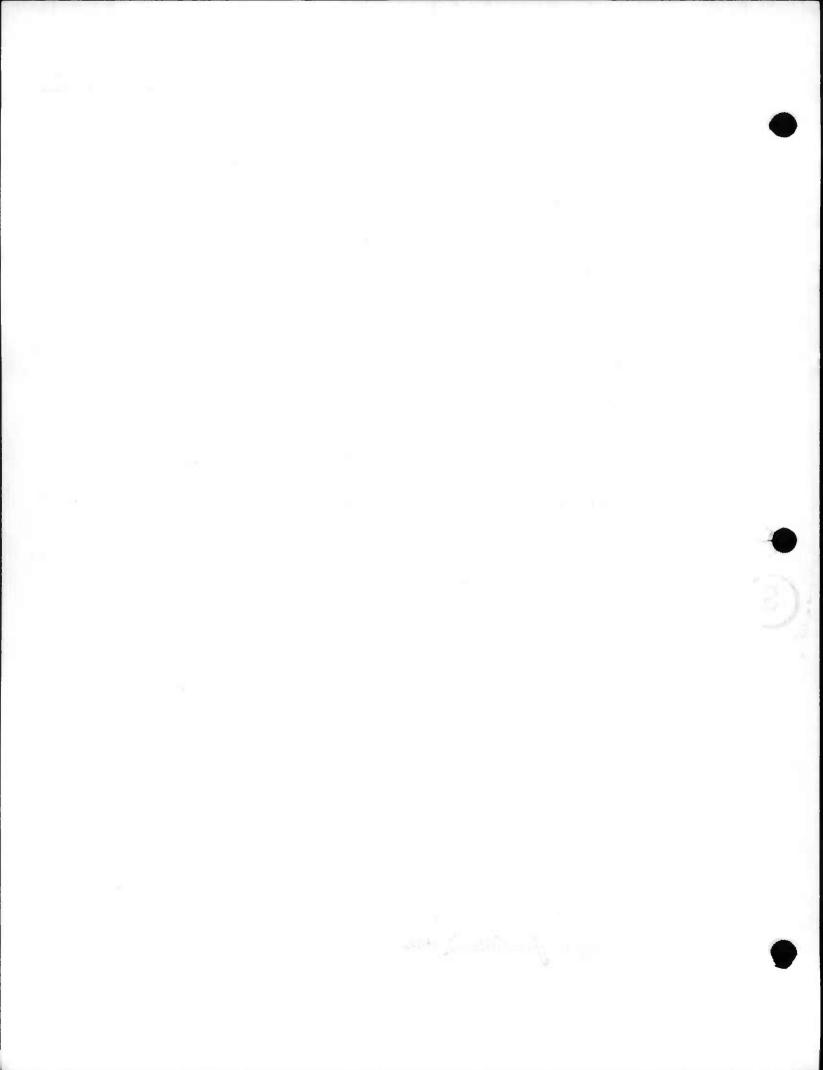
24, neurs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

Injusting filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should crimination, or removal.

alle event, the medical examiner must be notified at once.

О DIVISION OF VITAL RECORDS,

TO THE HOSPITAL DR ATTENDING PHYSICIAN! The law requires that the death certil and TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending the filed within 72 hours after death with the State Dept. of Health and Mental Hysiem IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other than 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 the 10 t



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DIVISION OF VITAL RECORDS,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the desired
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	* REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	REG. N	0.					
	William V. I					MONTH OCt. 11		S. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 217-05-9195		AGE (In yrs. last birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-20-		BIRTHPLACE (State or For Country)  Md.				
	9a. FACILITY NAME (If not institution, give Mexcy Medica RESIDENCE OF DECEDENT			96. CITY, TOWN	DR LOCATION OF D		9c. COUNTY					
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore											
FUNERAL	100. STREET AND NUMBER  645 N. Highland Avenue  107. ZIP CODE  109. CITIZEN OF WHAT  11 S. A.											
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1.X IF YES, GIVE WAR	YES 2 NO	13. WAS DE If yea, s 1 _ YE		Black, White, etc. Specify: White						
ETED	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +)	(Give kind of	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use referred.)  16b. KIND OF BUSINESS/INDUSTRY								
COMPLETED	6th  17. FATHER'S NAME (First, Middle, Leet)	AME (First, Middle, Meid	NION									
ш	Ralph Dinisio	0			Will to Wa		Fagnar	12				
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Poute Number, City or Town, Steek, Zip Code) 5627 Greenhill Avenue, 21206								
	Martin Dinisic		20b. PLACE DF DISPO	SITION (Name of o	emetery, cremetory or	20c. I	Zenue, 21206  Zeoc. Location — City or To  Baltimor					
	21. SIGNATURE OF FUNERAL SERVICE L		0	22. NAME /	ND ADDRESS OF F	ACILITY		eral Home				
RTIFICATION	disease or condition resulting in death)  a. VENTIMEN TOTAL MOCRAEL INSTANCE  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
빙	PART II. Other significant condition	d	eath but not resulting	in the underlyi	ng cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FI				
MEDICAL	D'AS In	MellT	Ty.			1 400	2 NO	COMPLETION OF COOF DEATH?				
HAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (C	heck anly one)						
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ву Рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		( Vear) IN	JURY M 1	JURY AT PORK? YES 2 ND	28d. DESCRIBE HON						
ETED	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF building, of	INJURY — At home, farm, tc. (Specify)	street, factory, off	Ice	281. LOCATION (Stre City or Town, Str		Rural Route Number,				
COMPLE	CONDUM GRAY		ny knowledge, death occur mination and/or investigati									
BE	29b. SIGNATURE AND TITLE OF CERTIF	μÉR			29c. LICENSE NU	MBER 274	29d. DATE :	SIGNED (Month, Day, Year)				
5	30. NAME AND ADDRESS OF PERSON V	WHD COMPLETED CAUSE	OF DEATH (ITEM 27) (Type			ALtim		01 2 12				
	DIMION V. SCA	LIH MIL	10 A 40X	) EH	ST B	HLT, M	OFP.	(T12				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P. OFFICE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the description of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second contract of the second	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the interpretation	ē,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other military.
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	1 - FOR STATE OF M.	ARYLAND / DEPARTMENT OF HEALTH CERTIFICATE OF DEA	AND MENTAL HYGIENE TH REG. NO.	90 27961
	1. DECEDENT'S NAME (First, Middle, Leat) Frances M. D. 20	naid: (Juliano)	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  212 - 26 - 0145 1 □ M 2 0 F	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDE 69 YRS. MONTHS DAYS NOURS	7. DATE OF BIRTH (Month, Day, Year)  10-24-20	BIRTHPLACE (State or Foreign Country)  Pa
OR B	9a. FACILITY NAME (If not institution, give street and number) University of Md. Ho	spital Baltimore		COUNTY OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY  Md.	10c. CITY, TOWN OR LOCATION  Baltimore		10d. INSIDE CITY LIMITS? 1 ₽ YES 2 □ NO
FUNERAL	100. STREET AND NUMBER  1112 Conway Street-Ha	10f. ZIP COD		CITIZEN OF WHAT COUNTRY?
BY FUR	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 NO If yes, specify Cub	OF HISPANIC ORIGIN? (Specify Yes or No en, Mexican, Puerto Rican, etc.) Specify:	9- 14. RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUCATION (Specily only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 8 +)		16b. KIND OF BUSINESS	S/INDUSTRY
at once.	8th 17. FATHER'S NAME (First, Middle, Last)	hair stylist	COSMETO1	
ed at	Antonio Francesco Co	196. MAJLING ADDRESS (Street end Number	ovanna Capobia: or or Rural Route Number, City or Town, State	achi a Zip Code)
	Ronnie Juliano  20a, METHOD OF DISPOSITION 18 Burlel 2 Cremation 3 Removal from State	20b. PLACE OF DISPOSITION (Name of cometery, cre	metery or 20c, LOCATIO	N City or Town, State
er must be	1	Dulaney Valley Me	em. Gar. Balto	o., Md.
medical examiner	Dough n. Zanne	263 S. C	S. Zannino Fund Conkling Street	21224
y, or meeting the medic CERTIFICATION	unat initiated events	of as a consequence on	lucinia acardiac or reapiretor	Approximate interval Between Onset and Death  2 week  2 week
amy inju	PART II. Other aignificant conditions contributing to	death but not resulting in the underlying causa	given in Part i. 24a. WAS AN AUTO PERFORMED?  1 □ YES 2 ① A	ARKABLE PRIOR TO
2 2				1   YES 2   NO
Item	25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO 1 Input lent 2	OTHER:	DEATH (Check only one)  tesidence \$ \( \subseteq \text{ Other (Specify)} \)	
36	27. MANNER,OF DEATH  1 Natural 5 Pending  28e. DATE OF (Month, Da	INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY	Y OCCURED
28 Is TED	2 Accident Investigation 3 Suicide 5 Could not be determined 28e. PLACE OF building, (	FINJURY — At home, farm, street, factory, office stc. (Specify)	28f. LOCATION (Street and Nu. City or Town, State)	umber or Rural Route Number,
COMPLE	200)	my knowledge, death occurred at the time, date and place amination end/or investigation, in my opinion, death occ		
BE BE	299-SIGNATURE AND TITLE OF CERTIFIER	29c. LIC	29d. 3 9 8 / 7	DATE SIGNED (Month, Day, Year)
1	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	14/4nd 225 (	Brene St.	Baltmore, mo
6	31. DATE FILED (MORTH, Day, Year) 1990 MEGISTRAL Day	rs signature idson-Acridada		1/20/

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Evans 4. SOCIAL SECURITY NUMBER 90 10 7. DATE OF BIRTH (Month, Day, Year) 05-06-54 6. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 224-88-6879 DAYS Country) 36 1 🔀 M 2 🗌 F YRS. Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Liberty Medical Center Baltimore 10a STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3030 Windsor Avenue 21216 US 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian. Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 8 3 Widowed 4 Divorced Black. COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EQUICATION 165 KIND OF BUSINESS INDUSTED (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) unemployed 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Warren Owens Alberta Evans 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lucinda Evans 7036 Lawrence Dr. Norfolk, VA 22124 20a. METHOD OF DISPOSITION
1X Buriel 2 Cremation 3 X Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Lincoln Cemetery Portsmouth, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Irvin Carroll Funeral Home Iven an 712-14 W. North Av. 2121 Md 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) AIDS TO THE FUNERAL DIRECTOR: After this certificate has been supported in the Funeral Directors. After this certificate has been supported in the fact with the State Cept, of Health and Meral Hypers. To other traumatic eyegl, importANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eyegl, importANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eyegl, importANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eyegl, importANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eyegl, important the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact of the fact o DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 □ YES 2 □ W T TES 2 HO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO ient 2 ER/Outpetient 3 DOA Ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF BEATH 25e. DATE OF INJURY (Month, Day, Year) 25b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND LITTLE OF CENTURES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Ko K. 39297 10/11/90 30. MANIE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2600 LIBERTY HGT Ro MICHAEL LIBERTY MEDICAL CENTER 3alts NO 21215 MD 31. DATE FILED (Month, Day, Tour

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death servers are within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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90 27963 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR 10 90 Ioseph Flaccomio 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAVE 1 X M 2 - F 3-11-04 218-10-7845 Maryland 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 108 Melrose Ave Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Mary 1 and Baltimore 1 X YES 2 NO 10s. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 101. ZIP CODE 108 East Melrose Ave 21212 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES If yes, specify Cuban, Maxican, Puarlo Rican, etc.) 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify. Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION 18b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highe during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Real Estate 3yrs Real Estate 17. FATHER'S NAME (First, Middle, Last) 18 MOTHER'S NAME /First Middle Maiden Surname Vincent Flaccomio Anna Imbrogulio BE 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna M. Flaccomio 108 East Melrose Ave. Baltimore, Md. 21212 20s. METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE OF DISPOSITION (Name of comptant, crematory or 1X Burial 2 Cremetion 3 Ramoval from State
4 Donation 8 Other (Specify) Most Holy Redocmer 10-13-90 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 0 1050 York Rd. Towson, Md. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heert feilure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition resulting in death) METASTATIC CARCINOMA 2 YRS DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorithms conditions contributing to death but not requiring in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AILABLE PRIOR TO

HYPERTENSION

1 TES 2 NO

COMPLETION OF CAUSE OF DEATH? 1 TYES 2 T NO

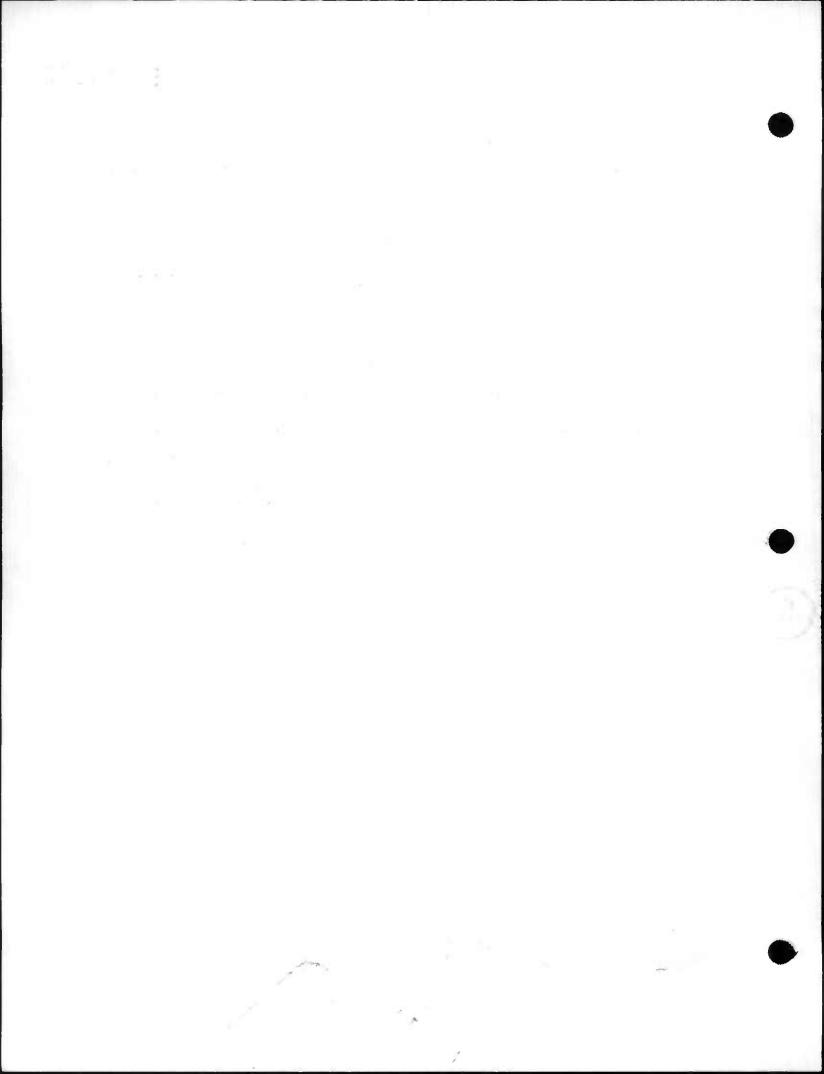
5. WAS CASE REFE	RRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)
EXAMINER?	NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3	□ DOA 4 □ Nu	R: rsing Home 5 Residence	8 Other (Specify)
1 Natural 2 Accident	5 Pending investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide	8 Could not be	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, farm, street, fac	ctory, office	281. LOCATION (Street and Number or Flural Route Number, City or Town, State)

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner ee stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as

SIGNATURE WID STILE OF CENTIFIER	D 1650 1		29d. DATE SIGNED (Month, Day, Year)	
Tames C Kleeman 7600 Osler Dr.	Suite 211	21204		

OCT 1 5 1990 Julia Davidson-Rondelle



1 - FOR STATE REGISTRAR

unted within Zernours after death. Page 6 may be retained by the hospital or attending physician.

I completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should if it certadon, or removal.

atic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

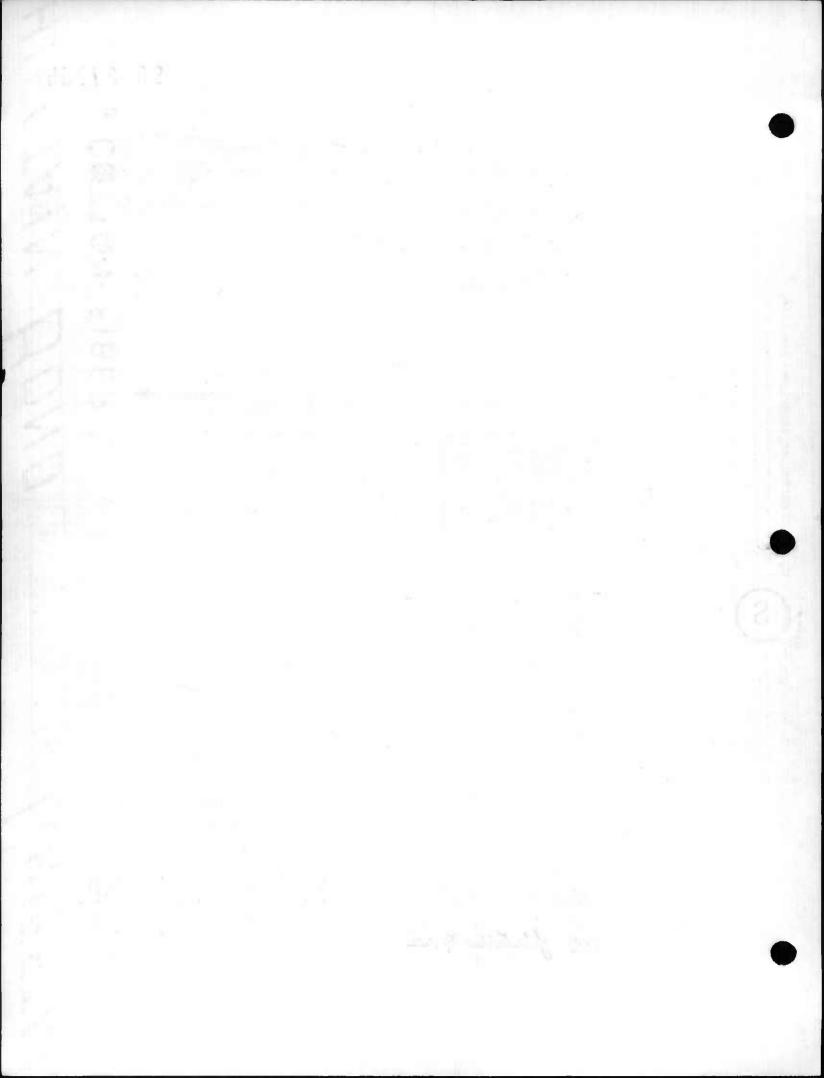
13146,

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE FINERAL DIRECTOR: After this certificate has been signed by the attentual filled within 72 hours after death with the State Dept. of Health and Mental IN IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEOENT'S NAME (First,										2. DATE MONTH	OF DEATH	AY	YEAR	3. TIME OF OEATH
Dr. Josep		Flesher								Octo	ber 1	1, 19		M
4. SOCIAL SECURITY NUMB	ER	5. SEX	-	(In yrs. last	birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		Count	
213-38-6648 9s. FACILITY NAME (If not in	- 4/a - 4/ f		10	0	11100			OR LOCAT			16,18			nnsyvlania
		Court						rvil		EATH			INTY OF C	
RESIDENCE OF DEC		COULC				Tiu	Lile	TVTT.	Le,			Dar	CTINOI	.e
0a. STATE	10b. COUNT	Υ			10c. CIT	Y, TOWN	OR LOC	ATION						10d. INSIDE CITY LIMITS?
Maryland	Bal	Ltimore			I	uthe								1 TYES 2 NO
0e. STREET AND NUMBER							1	of. ZIP CO	Œ			10g. CI	TIZEN OF	WHAT COUNTRY?
	rmont	Court						2109					J.S.	
1. MARITAL STATUS  Never Merried 2   Widowed 4 Divo		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 🔼 N			if yes, s		en, Mexico	an, Puerto I	? (Specify Yea	s or No	14. RAC Blac Spec	E — American Indian, kk, White, etc. #y: White
15. OECI	EDENT'S EDU	CATION		16a. OE	CEDENT'S	USUAL O	CCUPAT	ION nost of work	to a	16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	+)	life.	Do NOT u	se retired.)	auring n	TOST OF WORK	ing					
12yrs		8 yrs		D	enti	st				D	entist	try		
7. FATHER'S NAME (First, Mi	iddle, Last)							18. MO	HER'S NA	AME (First, I	Aiddle, Maiden	Sumame)		
Joseph		Flesh	er					Anı	1		Sti	runne	er	
90. INFORMANT'S NAME (7)	rpe/Print)			19t	. MARLING	ADDRES	S (Street	and Numb	or Rural	Route Numi	ber, City or Tow	m, State, Z	ip Code)	
Dr. Eugene l		sher				e as								
Donation	ON n 3 🗆 Ben (Specify) <u>ET</u>	novel from State	_ 200 D					auso			20c. LC			own, State
SIGNATURE OF FUNERAL	L SERVICE-LI	Schafe		h.				Tows			al Hor	ne,		1050 York Ros Towson, Md. 2
resulting in death) Sequentially list conditi If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju	dista NG	b. Strol	O (OR AS	A CONSEC	OUENCE O	F):								1 mo.
that initiated events resulting in death) LAS	-	d												
PART II. Other algoritice	nt conditio	na contributing to	o deeth l	but not r	esulting	in the u	nderlyi	ng cause	given ir	1 Part I.	24a. WAS APPERFO	RMED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL							PLACE OF	DEATH (C	heck only or	ne)			
1 TES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	OTHE	R: rsing Ho	ome X	Residence	6 🗆 Othe	r (Specify)			
	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)		28b. TIR	ME OF JURY M	٧	NJURY AT VORK? YES 2	□ NO	28d. OE	CRIBE HOW	INJURY O	CCURED	
3 Suicide 6	Could not be datermined	28e. PLACE building	OF INJUR J, etc. (Spe	Y — At ho	me, ferm,	street, fac	tory, of	lice			ATION (Street or Town, State		er or Rural	Route Number,
anal strip		SICIAN: To the best of												(e) and manner as stated.
POL SIGNATURE AND TITLE	ec	04	2=	26	2	us,	)	D	L I	JMBER 1		29d. D/	JE SI'ME	2 TD
Donald	DOOM	MD.			Gre		ead	ow D	rive	Tim	onium	, Mai	cylar	nd 21093
OCT 15	1990	grina Da	Hason	-Aano	402									36 4



	insit permit. Pages 1, 2, 3 should
LAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death or fillings are until the death of the flow of the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. Completely liked in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Health and Mental Heal
BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of integers within sections after death. Page 6 may be retained by the host DITHE FUNERAL DIRECTOR: After this certificate has been signed by the artimation of completely illed in by the funeral director, page 5 should be detache of field within 72 hours after death with the State Dept. of Health and Mental Hymens prior to until community. Or removal.  MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other community medical examiner must be notified at once.
S, P.O. 80% 3146.	from the state of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second o
DIVISION OF VITAL RECORDS, P.O. POR 13146.	he law requires that the death of the arendone becar of Health and Mental Health and 23 shows any Injury, or out
DIVISION OF VITA	TAL OR ATTENDING PHYSICIAN: TAL DIRECTOR: After this certificate 72 hours after death with the State If Item 28 is marked, or Item
	TO THE HOSP TO THE FUNE be filed within

1. DECEDENT'S NAME (First, Middle, Last)			07112 01	DEATH	REG. NO	•	3. TIME OF DEATH
DOROTHY MAY I				MONTH D		0 4:30 A	
4. SOCIAL SECURITY NUMBER 216-10-3622	5. SEX 6. AGE (1)	(In yrs. lest birthday)YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-6-11		BIRTHPLACE (State or Foreign Country) ARYLAND
90. FACILITY NAME (If not institution, give a 400 SEWARD AVEN			OR LOCATION OF DI OKLYN PAI		ANNE	ARUNDEL	
RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  ANNE	ARUNDEL	NDEL BROOKLYN PARK					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 400 SEWARD AVEN	NUE		10	21225		U.S	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 X NO	If yes, a		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:		S. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION o completed) Coffege (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT use HOME M.	ork done during m retired.)	ION ost of working	OWN HO	SINESS/INOUS	
17. FATHER'S NAME (First, Middle, Lest) FRANCIS G. LEAC	СН			MAYME	ME (First, Middle, Maide) SISSELBE		
19a. INFORMANT'S NAME (Type/Print) PEGGY WILLS					Acute Number, City or Too OKLYN PARK		
20q. METHOD OF DISPOSITION 1 XBurtal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	ORRAINE	ITION (Name of co	emetery, cremetory or	20c. L		y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	With		22. NAME / LERO 1630	Y M & RUS	CILITY	TZKE F	UNERAL HOME
	List only are cause on a	d the death. Do n					
IMMEDIATE CAUSE (Final disease or condition resulting in death)	. 100	ENOCI	nein		,		t, Approximeta interval Between
disease or condition	a. DUE TO (OR AS A	ach line.	Mc 1 m		,		t, Approximata interval Between
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	ENOCIA CONSEQUENCE OF	Mein		,		t, Approximata interval Between
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Mc 1 m	na.	Loy Part I. 24a. WAS A	N AUTOPSY	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.	DUE TO (OR AS A  DUE TO (OR AS A  DUE TO (OR AS A  d.  HOSPITAL:	A CONSEQUENCE OF	MC   m	ng cause given in	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	b. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO death b	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting	MC   mc ):  ):  n the underly!  28.  OTHER: 4   Nursing He E OF   28    Uny	ng cause given in	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 A NO  27. MANNER OF DEATH	B. DUE TO (OR AS A  C. DUE TO (OR AS A  d. DUE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (OR AS A  d. LINE TO (	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting   Dut not resulting   Dut not resulting   Dut not resulting	OTHER:  a Download Box 1 To 1 To 1 To 1 To 1 To 1 To 1 To 1	PLACE OF DEATH (C) www 6 G Residence AJURY AT ORKY? VES 2 NO	Part I. 24a. WAS A PERFC 1 YES	N AUTOPSY PRIMED? 2 N NO INJURY OCCU	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 2 Accident 8 Could not be determined 4 Homicide 6 Could not be determined	B. DUE TO (OR AS A  C. DUE TO (OR AS A  d	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF DUT NOT resulting I  DOA  28b. TIM INJ Y—At home, farm, 1	OTHER: 4   Nursing He E OF 28c.    URY M 1   street, factory, of	PLACE OF DEATH (C)  NUMBER 1 NO  NUMBER 2 NO  Notes  The and place, and du	Part I. 24a. WAS A PERFC 1 YES 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES	N AUTOPSY PRIMED? 2 N NO INJURY OCCU	24b. WERE AUTOPSY FINDIN ABAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  1 YES 2 NO

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KENNETH WILLIAMS 516 ROLLING ROAD M.D. #516 CATONSVILLE, MD 21228

31. DATE FILED (Month, Day, Ybar) OCT 1 5 1990

89.4 : 03

DIVISION OF VITAL RECORDS, P.O.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certif and TO THE FUNERAL DIRECTOR: After this certificate has been signed by the arisonding an extension of the fried within 72 hours after death with the State Dept. of Health and Mental Hygiene put the certificate has a few and Mental Hygiene put.

	1 - FOR STATE REGISTRAR	TE OF MARYLAN	D / DEPAR	TMENT OF	HEALTH AND I		GIENE	90	27966			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH			
	James	D.		Feele	У .		1-90_	YEAH	7.55AM M			
	4. SOCIAL SECURITY NUMBER 5. SEX		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH Ybar)	8. BIRTH Countr	PLACE (State or Foreign			
	218-28-9718 ¹晃™	^{12□} F 56	YRS.	MONTHS DATS	HOURS INN.	1934 1						
_	9a. FACILITY NAME (If not institution, give street end in		9b. CITY, TOWN	OR LOCATION OF DE	EATH	9c.	COUNTY OF D	EATH				
9	330 S. Bentlou Stree	et		Bal	timore C	ity						
E C	10e. STATE 10b. COUNTY		10c. CIT	, TOWN OR LOC	ATION				10d. INSIDE CITY			
DIRECTOR	Md		Bal	timore			VES 2 NO					
AL	10e, STREET AND NUMBER			of. ZIP CODE		100	10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL	330 South Bentalou S	treet			21223			U.S.A				
N N	FOR	S DECEDENT EVER IN U. RCES? 1 TYES	.\$, ARMED		CENDENT OF HISPAN pecify Cuban, Mexica			Io— 14. RACI Blaci	E — Americen Indien, k, White, atc.			
BY F	1 Never Married 2 Merried  IF Y  Widowed 4 TyDivorced	YES, GIVE WAR OR DATE	s ·		S ZX NO Specify		,	Spec	#y: HITE			
	15. DECEDENT'S EDUCATION	16	sa. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND	OF BUSINES					
ETE	(Specify only highest grade complete	ed) ge (1-4 or 8 +)		vork done during r								
<u>1</u>	12th Grade		Truck I	river		Bind	lograp	hics				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			THE PERCE	16. MOTHER'S NA		, Meiden Surn	ame)				
BE (	John Feeley					nown						
2	190. INFORMANT'S NAME (Typo/Print) Barbara G. Powers				end Number or Rural R				1120			
		10000										
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from	m Ctate O	ther place)		h-Cockeys	077110		ON — City or To				
5	4 Donation 5 Other (Specify)	20	. JUSEI		AND ADDRESS OF FA		Balti	more of	Julicy			
	Dackie W. S	Ellanno	n.	Hubba	ard Funer	al Home	Inc.					
5	grow is to								Md 21229			
	23. PART . Enter the diseeses, or complic shock, or heert fallure. List only			not enter the n	loae or aying, suc	n es cerulec	or reepirato	ory errest,	Approximate Interval Between			
	IMMEDIATE CAUSE (Fine)   disease or condition   Arteriosclerotic cardiovascular disease   Arteriosclerotic cardiovascular disease								Onset and Death			
í.	resulting in deeth)				ascular c	usease						
	DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate											
S	CAUSE (Disease or Injury											
三	that initiated eventa resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE O	f):								
	d								1			
	PART II. Other algnificent conditions contr	ributing to death but	not resulting	In the underly	ing cause given in	Part 1. 24a	. WAS AN AUT		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
	Diabetes Mellitus					16	YES XX		COMPLETION OF CAUSE OF DEATH?			
YSICIAN: MEDIC							VIO DEVO	O.T.O.N.I	1 □ YES XXX			
2 2						11	NSPECT	TON				
red, or item 23 shows any inju-	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	PITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		_				
YSI	1XXXXES 2 □ NO 1 □ In	npetient 2 - ER/Outpet		4 - Nursing H	ome 8 X X Mesidence							
BY PH	27. MANNER OF DEATH 24  1 X Natural 5 Pending	(Month, Day, Year)	28b. TIR		NJURY AT WORK?	28d. DESCRIE	SE HOW INJU	RY OCCURED				
	2 Accident Investigation	18e. PLACE OF INJURY -	- At home ferm.		YES 2 NO	28f. LOCATIO	N (Street and )	Number or Rural	Route Number			
COMPLETED	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Specify					wn, State)					
	290. CERTIFIER 1 CERTIFYING PHYSICIAN: TO	o the heat of my knowle	doe death occur	red at the time of	eta and place, and du	a to the coursels	and menner	on stated				
M M	(Check only one) 2 MEDICAL EXAMINER: On the		-						(e) end menner as stated.			
8	29h/SIGNATURE AND TITLE OF CERTIFIER	On (	1		29c. LICENSE NU				D (Month, Day, Year)			
D BE COMPLE	King IT Y	oll 1	1 M		OCME		i i		12-90			
우	30. NAME AND ADDRESS OF PERSON WHO COMP	PLETED CAUSE OF DEAD	TH STEM 27) (79)	e, Print)	, OCIVIE	1			12-30			
	MARIO F. GOLLE, JR.,	,MD	1	111 Pen	n Street,	Baltim	ore.MD	21201	V			
	31. DATE FILED (Month, Day, Year)	A DANGON P				and the second						
1	OCT 15 1990 34	Warming -	-									

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	E	至美
DIVISION OF VITAL RECORDS, P. O. BOX, 11	8	TO THE FUNCTION, DRIECTOR After this certificate has been signed by the attending expectable to but be fleet within 72 hours after death with the State Dopt. of Health and Mental Hygene (FIG.) to but

	1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTI				IENE 9	0 2796				
1	1. OECEDENT'S NAME (First, Middle, Las			2. DATE OF DEA	DAY Y	3. TIME OF OEATH						
	4. SOCIAL SECURITY NUMBER	RET FINNEGAN	In yrs. last birthday) _1	F UNDER 1 YEAR	IF UNDER 24 HRS.	1 0	3:20A  BIRTHPLACE (State or Foreign					
	213-20-9551	1 🗆 M 2 📈 F	64 YRS.	DAYS DAYS	HOURS MIN.	(Month, Dey, Ye 10-21-	26	MARYLAND				
TOR	96. FACILITY NAME (If not institution, give street and number)  GREATER BALTIMORE MEDICAL CENTER  TOWSON  TOWSON, BA											
DIRECTOR	10e. STATE 10b. COU	TIMORE	10c. CITY,	BALTI				10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	100. STREET AND NUMBER  2906 ERIE AVENUE  107. ZIP CODE  109. CITIZEN C											
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexice S 2 X NO Specify	n, Puerto Rican, et		RACE — American Indian, Black, White, etc. Specify: WHITE				
LETED	15. DECEDENT'S E (Specify only highest grant property) (0-12)		18a. OECEDENT'S US (Give kind of wor life. Do NOT use	rk done during m retired.)	ION ost of working		F BUSINESS/INDUS					
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		B00KKE	EPER	18. MOTHER'S NA		I . CORPOR/	4110N				
ш	JOHN JOSEPH KI	RCHNER			25 - 25 - 30 - 3		Y SAMMETI	-1				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street	end Number or Rural I	Route Number, City	or Town, State, Zip Co	ode)				
-	PATRICIA L.FINI				VENUE, BAL			-				
1	1 Donation 5 Other (Specify)	emoval from State	A DKMACE OF DISPOSIT			20	DC. LOCATION City					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE . 22. NAME AND ADDRESS OF FACILITY 7.0.1 Dolain Doad											
	► Fassah Funeral Home Balto., Md. 21236											
CERTIFICATION	immediate cause (Finel disease or condition resulting in death)  METASTATIC EXECUTIONA  OUE TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
CER	resulting in deeth) LAST											
ا ب	PART il Other significant condit	tions contributing to death b	out not resulting in	the underlyi	ng ceuse given in		AS AN AUTOPSY ERFORMEO	24b. WERE AUTOPSY FINDS AMILABLE PRIOR TO				
: MEDICAL	- State symbolic column					_   10	YES 2 NO	COMPLETION OF CAUS OF DEATH?				
AN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		, 26. [	PLACE OF DEATN (Ch		YES 2 M NO	OF DEATH?				
CIAN: MEDIC		HOSPITAL: 1 □ Inpetiant 2 □ ER/Outp		OTHER:	PLACE OF DEATN (Ch	eck only one)		OF DEATH?				
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1   Inpetient 2   ER/Outp 28e. DATE OF INJURY (Month, Dey, Year)		OTHER: I Nursing Ho OF 26c. II		eck only one)  8  Other (Special		OF DEATH?  1   YES 2   NO				
ED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	HOSPITAL:  1 Inpetiant 2 ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	26b. TIME	OTHER: I Numing Ho OF 26c, II NY H	me 5  Realdence  AJURY AT  /ORK?  YES 2 NO	eck only one)  8  Other (Special 28d. OESCRIBE	how injury occur	OF DEATH?  1   YES 2   NO				
ETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not determined  29e. CERTIFIER (Check only)  1 CERTIFYINO Ph	HOSPITAL:  1 Inpetiant 2 ER/Outs  28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Spe	26b. TIME INJUI	OTHER:   Nursing Ho OF 28c, IM M 1  The set, fectory, off at the time, da	ime 5 Realdence  AJURY AT  ORK?  YES 2 NO  Ica  te and place, end due	eck only one)  8  Other (Special Section of Chy or Town)  to the cause(e) e	how injury occur Street and Number or Stete)  nd manner ee stated	OF DEATH?  1  YES 2 NO  REO  Rural Route Number,				
BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not determined  29e. CERTIFIER (Check only)  1 CERTIFYINO Ph	HOSPITAL:  1 Inpetiant 2 ER/Outs  28e. DATE OF INJURY (Month, Dey, Year)  28e. PLACE OF INJURY building, atc. (Special Section 1)  IYSICIAN: To the best of my know  INNER: On the besie of examination	26b. TIME INJUI	OTHER:   Nursing Ho OF 28c, IM M 1  The set, fectory, off at the time, da	ime 5 Realdence  AJURY AT  ORK?  YES 2 NO  Ica  te and place, end due	eck only one)  8  Other (Special Section of City or Town)  to the cause(e) etime, date end plants	hy) HOW INJURY OCCUI Street and Number or State)  Indiamather se stated ace, and due to the o	OF DEATH?  1  YES 2 NO  REO  Rural Route Number,				
COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetiant 2   ER/Outp 28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY building, atc. (Special Section of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of the basic of examination of examination of the basic of examination of the basic of examination of the basic of examinati	26b. TIME 26b. TIME INJUI  — At home, farm, str city)  redge, death occurred an end/or investigation.	OTHER:  Nursing Ho  OF  RY  M  1   ceet, fectory, off  at the time, de  i, in my opinion,	JURY AT HORK?  YES 2 NO  Ica  te and place, end due death occured at the	eck only one)  8 Other (Special 28d. OESCRIBE  28f. LOCATION (City or Town)  to the cause(e) etime, date end plants	Street and Number or State)  and manner ee stated ace, end due to the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of	OF DEATH?  1  YES 2 NO  REO  Rural Route Number,  Deuse(e) end manner ee state  SIGNED (Moeth, Day, Year)				

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	1 - STATE REGISTRAR	STATE OF N	IARYLAND / Ce	DEPAR ERTIF					MENTA	REG. NO		20	C 1	70	0
	1. DECEDENT'S NAME (First, Middle,	Last)					-			OF DEATH	AV	YEAR	3. TIME OF		2
	VIRGINIA R. GRAY								ľő	12		90 ^{ear}	10:2	4	a
	4. SOCIAL SECURITY NUMBER	5. SEX	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P							of BIRTH	20		HPLACE (Stat		n
	217-26-1101	1 □ M 2 📉 F	60	YRS.	WONTING	DATO	noons	Mills.	10	25	29		TRYLA	ממ	
_	9e. FACILITY NAME (If not institution,	3.0		9b. CITY		SEVI	ON OF DE	EATH		1	UNTY OF	ARUN	דים		
5	7918 CLARK S	AD				OF A1	SKW			Au	MME	ARUN	חפת		
DIRECTOR	10e. STATE 10b. CC		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSID	E CITY		
님	MARYLAND	ANNE ARUN	DEL		G.	LEN	BUR	NIE					1 YES		)
ERAL	10e. STREET AND NUMBER			101	ZIP COO				10g. CITIZEN OF WHAT COUNTRY?						
買	6666 ROBERTS							106					5.A.		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ecify Cubi		n, Puerto	N? (Specify Ye Rican, etc.)	e or No-	Spe	CE — America ck, White, atc city: VHITE	n Indien,	
											1	4117 1 1			
OMPLETED	(Specify only highest Elementery/Secondary (8-12)		(G	ilve kind of Do NOT u	work done	during mo	st of worki	ng							
교	12	O		DOM	ESTI	C			C	LEAN	NG-	SEL	F EMP	LOY	ED
CON	17. FATHER'S NAME (First, Middle, Las									Middle, Maider					
BE (	NORWOOD C.						ابل	JCTI	عربار	V. FI	Œ I				
0	19e. INFORMANT'S NAME (Type/Print)									MORE			VID 2	122	1
	JUDITH R. HU 200. METHOD OF DISPOSITION	DSON	20b. PLACE										Town, State	122.	
	1 N Buriel 2 Cremetlon 3 4 Donetion 5 Other (Specify)	Removal from State	MEAD	OWR	IDGE	ME	MOR	IAL	PAF	K ELI				AND	•
	21. SIGNATURE OF LUME HAL SERVI	CE LICENSEE	1					SS OF FA				***			
	> Lan	1-d- NO	ufme	m	RA 42	YMO	ND RAI	C. F	17.8	FUNI	EKAL EN	BUR	ME 21 NIE,M	061 D.	
	23. PART I. Enter the diseases	, or complications the	t caused the de	eath. Do	not ente	r the mo	de of dy	Ing, auc	h as ca	rdiec or reap	oiratory a	rrest,		roximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final														
	disease or condition resulting in deeth)	a. 165Sc	LOR AS A CONSE	TCU	le	10/							_		
_	DUE TO (OR AS A CONSEQUENCE OF):  AS ID TBP. D. Mollitary 1 Flags														
RTIFICATION	Sequentially list conditions, for any, leading to immediate cause. Enter UNDERLYING  b. ASEAD T BP. D. Melliller 1 Flag  Oue TO (OR AS A CONSEQUENCE OF):  Where the sequential is the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequence of the sequenc														
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c. 47	Ca	Or	w-1	<u>-</u>	14	1 1		end	15				
별	that initiated events resulting in death) LAST	OBEGO	(OR AS A CONSE	OUENCE (	XF):		U	,							
CER		d		-	-								1		
CAL	PART II. Other algolficant con-	ditions contributing to	deeth but not	resulting	In the u	nderlyin	g ceuse	given in	Part I.	24a, WAS A PERFO	N AUTOPSY	1 24	AMILABLE	PRIOR TO	
										1 TYES	2 X NO		OF DEATH		ISE
MEDI				-									1 TYES	A NO	
AN	25. WAS CASE REFERRED TO MEDIC	CAL T				26. P	LACE OF 1	DEATH (Ch	neck only	pne)			1,	/ 11	_
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpatient :	3 🗆 DOA	OTHE 4 Nu	B.				ner (Specify)					
H	27. MANNER OF DEATH	26e. DATE OF	INJURY	28b. TII	ME OF	26c. IN.	JURY AT			ESCRIBE HOW	INJURY O	CCURED			
ВУ Р	1 Natural 5 Pending 2 Accident Investige		ray, rear)	"	JURY		YES 2	_ NO							
1	3 Suicide 6 Could n	ot be 28e. PLACE C	F INJURY — At he atc. (Specify)	ome, farm,	street, fac	ctory, offic	De .			CATION (Streety or Town, State		er or Rura	I Route Numbe	N,	
COMPLETED	4 Homicide determin														
PLE		PHYSICIAN: To the best of													
Ŏ.	one) 2 MEDICAL EX	AMINER: On the basis of e	xamination end/or	Investigat	lon, In my	opinion,	death occu	red at the	time, de	te end place, o	end due to	the ceus	e(s) and menn	er ee state	ed.
ш	296, SIGNATURE AND TITLE OF CER	TIFIER					290140	ENSE NU	MBER	0 /			ED (Month, De		
5 B	Valo	N						10	12	-21	1	0/1	2/90.		
	30. NAME AND ADDRESS OF PERSON					N BC	OULE	VARI	D, B	MITLA	ORE.	MD.	2122	21	
	111111200 11. 13		TARIQUE A. FIROZVI M.D. 223 EASTERN BOULEVARD, BALTIMORE, MD. 21221												
	31. OATE FILED (Month, Day, Your)  32. REGISTRAR'S SIGNATURE  OCT 1 5 1990 Julia Savidson-Ringhalle														

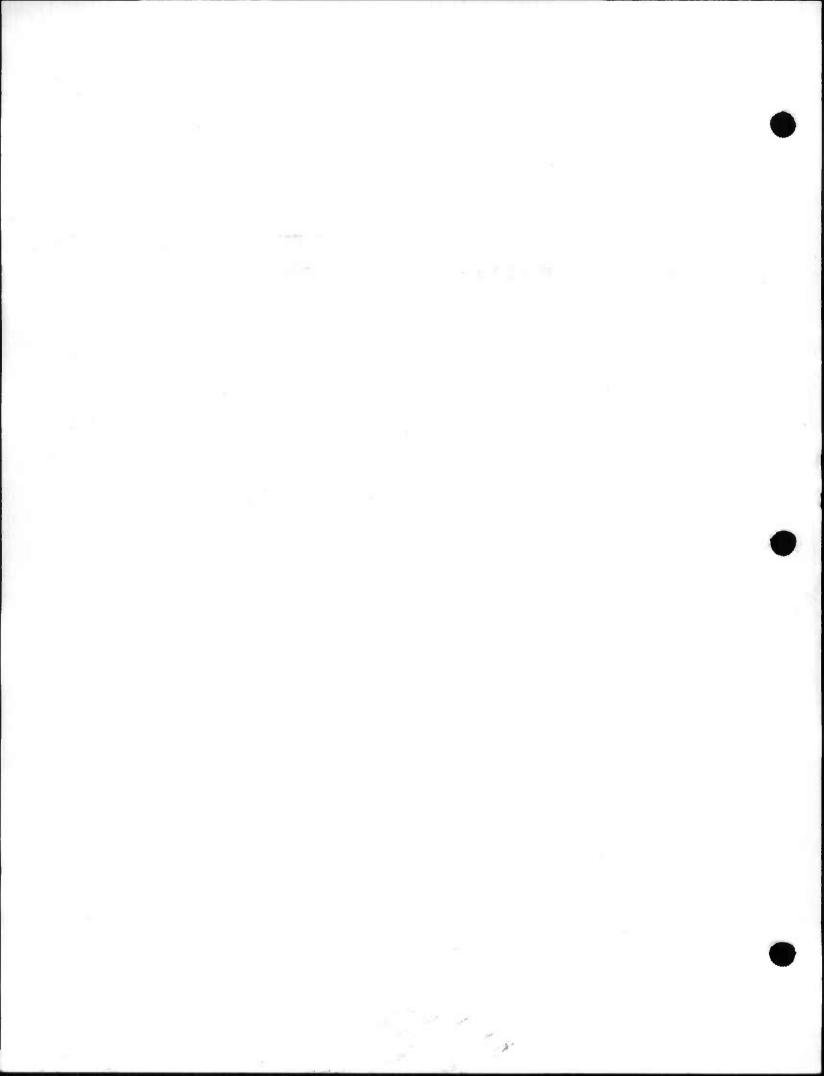
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending the property of the property filled in by the hineral director, page 5 should be detached for use as the befined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Ray 1/89



		Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of the death of the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygnes, prior to the control of removal.	MPORTANT: If item 28 is marked, or liem 23 shows any injury, or ether are mentioned event, the medical examiner must be notified at once.
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O	IG PHY	ter this	ath with	narke
SIOI	TENDIA	DR: Af	ifter de	18 Is r
DIVISION OF VITAL RECORDS, P.O. 10146,	OR AT	THE FUNERAL DIRECTOR: After this of	hours a	Item 2
_	SPITAL	FRAL	127 nir	TT: If
	HE HO	HE FUN	tiw be	ORTA
	LO	10	90	F

DIVISION OF VITAL RECORDS, P.O. 000 0146,

	1 - STATE REGISTRAR	0.000	CE			F DEATH		EG. NO.				
	1. DEPEDENT'S NAME (First, Middle, Last						2. DATE OF	DEATH DA	Y	YEAR 3	3. TIME OF DEA	тн
	KENNETH E	GRIFFIT	CH				10	12			6:55	РМ
	4. SOCIAL SECURITY NUMBER 219-28-3295	5. SEX 1  M 2  F	6. AGE (In yrs. les	ti birthday) YRS.	IF UNDER 1 YE		7. DATE OF I (Month, De MARC		. 1932	Country)	LACE (State or F	Foreign
	9a. FACILITY NAME (If not institution, give				96. CITY, TOV	VN OR LOCATION OF DE				TY OF DEA	ATH	
DIRECTOR	THE JOHNS HOPK	INS HOSPI	TAL		BALTI	MORE CITY			BAL	TIMOF	RE CIT	Y
ည္က	10e. STATE 10b. COUN	TY		10c, CIT	Y, TOWN OR LO	CATION				1	IOd. INSIDE CIT	γ
5	MARYLAND I	HOWARD		E.	LLICOT	CITY	762			1	YES 2	PNO
FUNERAL	100. STREET AND NUMBER 2621 THORNBROOM	K ROAD				101. ZIP CODE 21043			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
3	11. MARITAL STATUS	12. WAS DECEDENT				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian,						flen,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 1	NO  If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1 YES 2 IN NO Specify:							White, atc.	
	15. DECEDENT'S EC	UCATION	18a. DE	ECEDENT'S USUAL OCCUPATION 16b. KIND					INESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	)	Give kind of work done during most of working b. Do NOT use retired.)					E HADE	MIADE E	OISTRIBU	TOD
COMPLETED	12			ALES		1				WARE I	)TSTKTBO	LUR
႘	17. FATHER'S NAME (First, Middle, Last) WILLIAM L.	GRIFFIT	ru			18. MOTHER'S NA				TIED		
BE	WILLIAM L.  19a, INFORMANT'S NAME (Type/Print)	GRIFFII		- MAII 1016	4000F00 (0)	eet and Number or Rural		C.		LLLER		
2	FRANCES LEE GRI	FFTTH	19			BROOK RD.					AND 2	1043
	20m, METHOD OF DISPOSITION	11111	20b. PLACE			f cemetery, cremetory or	LILLIOO	-		City or Tow		1045
	1 M Buriel 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from State	MT. V	TEW	CEMETE	RY				CSVIL		•
	21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE #		LEROY M. & RUSSELL C. V						E FUN	ERAL H	OME
	Kumule	augh			1630	EDMONDSON A	WE. CAT	ONSVI	LLE ME	2122	28	
	23. PART I. Enter the diseases, o shock, or heart fallung				not anter the	mode of dying, suc	h aa cardled	or reap	ratory an	reat,	Approxir interval	nate Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Metastatic esophayeal Corcinome  oue to (or as a consequence of):											
2	resulting in death)	a. OUF TO	(OR AS A CONSE	OUFNCE O	E 5	sophay	20-1	CUT	CINO	M.G-	<del>-</del>	-
Z		ь	(01170 ) 00700		···	(/	_					
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	<b>(</b> F):							
FIC	CAUSE (Disease or Injury that initiated events	c	(OR AS A CONSE	OUENCE O	F):						-	
H	resulting in death) LAST	d										
	PART ii. Other aignificent conditi	one contributing to	death but not	resulting	in the under	lving ceuse given in	Part i. 24	a. WAS AN	AUTOPSY	24b.	WERE AUTOPSY	FINDINGS
DICAL								PERFO	RMED?		AMILABLE PRIO	OT P
							'	YES 2	l NO		OF DEATH?	2010
Σ.							_				1 123 27	3410
IAN	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH (C)	heck only one)					
SIC	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetient	DOA	OTHER:	Home 8 - Residence	6 Other (S	(pecify)				
PHYSICIAN: ME	27. MANNER OF DEATH	28a. OATE OF (Month, D	INJURY lay, Year)	28b. TIR	JURY	. INJURY AT WORK?	28d, DEŞCR	IBE HOW	NJURY OC	CUREO		
ВУ	2 Accident Investigation		F INJURY — AI h	ome ferm		YES 2 NO	281. LOCATI	ON /Street	and Mumba	e or Primi Pr	nuth Mumber	
COMPLETED	3 Suicide 8 Could not b 4 Homicide determined		atc. (Specify)	ottre, ratini,	atreet, factory,	onice		Town, State;		r or norm no	oute Nortoes,	1
PLE	29a. CERTIFIER 1 CERTIFYING PH	/SICIAN: To the best of	my knowledge, d	eath occur	red at the time,	deta and place, and du-	e to the cause	(a) and ma	nner as sta	rted.		
OM	one) 2 MEDICAL EXAM	NER: On the besis of a	xamination and/or	Investigati	on, in my_opini	on, death occured at the	e time, dete an	d place, at	nd due to t	he cause(s)	and manner as	stated.
BEC	206. SIGNATURE, AND TITLE OF CENTU	day 3	es .	-	L 0	29c. LICENSE NU					(Month, Day, Yea	,
5	30. NAME AND ADDRESS OF PERSON	VHO COMPLETED CAU	SE OF DEATH (IT		cterno, Prino)		H86	.10		10/1	2/90	_
	Estil F	1. Vanc	eII	70	00 N.	Wolfes	if 8.	altic	nore	MX	717	2.5
	31. DATE FILE COUTT 1 5 1990	funa Da	AR'S SIGNATURE	notable								

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Cre	m 28 is marked, or them 23 shows any injury, or other transmiss event, the medical examiner must be notified at once.
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	us after death with the State Dept. or Health and Memal Hydrene color to busin, or removal.

	1 - STATE REGISTRAR	STATE OF MAK			F DEATH	NENIAL HYGIEN REG. NO.	E _	
	1. DECEDENT'S NAME (First, Middle, Lest)	mp F	B. Ho	PM	neren	2. DATE OF DEATH	97	AR 2)53 M
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. E	ORTHPLACE (State or Foreign Country)
ł	229 05 0447  9a, FACILITY NAME (If not institution, give a		78 YRS.		N OR LOCATION OF DE	10/22/12	Ma 9c. COUNTY	ryland
E I	Baltimore County		ospital		allstown	AIII		imore County
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT			Y. TOWN OR LO				10d. INSIDE CITY
DIRI		timore Coun			llstown			1 YES 2 X NO
	10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	3801 Schnaper Di	TIVE 12. WAS DECEDENT EVE	R IN U.S. ARMED	13 WAS	21133	IIC ORIGIN? (Specify Yea	U.S.	A e  RACE — American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	ES 2 NO	If yes,	specify Cuben, Mexical (ES 2 X NO Specify	n, Puerlo Rican, etc.)		Black, White, etc. Specify: hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT u	work done during		18b. KIND OF BUS	SINESS/INDUST	RY
MP	12 17. FATHER'S NAME (First, Middle, Last)		Home	emaker	T sa storrigenie stat	ME (First, Middle, Malden	Summer)	
	Martin Clark				Jenny		Surriemey	
TO BE	190. INFORMANT'S NAME (Type/Print)  Earl N. Hoffma:	ator				andallstov		
	20a. METHOO OF DISPOSITION  1 Duriel 2 Cremetion 3 Ren		20b. PLACE OF DISPO				CATION — City	
	21. SIGNATURE OF FUNDIAL SERVICE LI		Gardens of		AND ADDRESS OF FA		erton,	Maryland
	> Xemmi	Bugan	Henry	Burg	ee-Henss F	uneral Hom	ne Ore Ma	ryland 21211
	23. PART I. Enter the diseeses, or shock, or heart failure.	complications that ceu	used the death. Do					
	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	and the second	109eni					Onset and Death
N		OUE TO (OR	AS A CONSEQUENCE	on: MV	e Andra	1-mfar	retio	0
CERTIFICATION	Sequentielly list conditione, if eny, leading to immediate cause, Enter UNDERLYING	DUE TO (OR	AS A CONSEQUENCE	oF): /				
	CAUSE (Diseese or Injury that initieted eventa	OUE TO (OR	AS A CONSEQUENCE	OF):				
CER	resulting in death) LAST	d						
ICAL	PART II. Other significent condition	ns contributing to dee	th but not reculting	in the underl	ying ceuee given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MED						_	40	OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE OF DEATH (Ch	eck only one)		
YSIC	1 YES 2 NO	HOSPITAL:	Outpetient 3 DOA	OTHER:	Home 5 🗆 Residence	8 Other (Specify)		
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye		JURY	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN. building, etc.	JURY — At home, farm. (Specify)	street, factory,	office	28f, LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	(Crieck only	SICIAN: To the best of my I						suse(e) end manner ee steted.
9	296. SIGNATURE AND THE OF CERTIFIE	ER STORY	M. Mi	D	29c. LICENSE NUI	MBER 57.69	29d. DATE S	GNSP (Month, Pay, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE O	F DEATH ITTEM 27) (Typ.	o, Print)	wret Rod	RAND	alles	HOWN
	31, DATE FILED (MORTH Day, Year) 1991	O guha Davi	SIGNATURE COOP Pandal	2	2101 1000			
1		144						

must

BALTIMORE, MARYLAND 21203-3146

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AL S t. of Heal shows a Dept. Item 6 the this c marked, death L DIRECTOR: At hours after de Item 28 Is r TO THE HOSPITAL OF THE FUNERAL D be filed within 72 ho BE

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Signed Health

certificate h

After

OF VITAL RECORDS,

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HOSPITAL OR ATTENDING PHYSICIAN: The

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH 1125 AM HILLENBRAND MARY RUTH 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. SEX 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 9-14-1940 MONTHS DAYS HOURS 212-40-2623 1 - M 2 XF 50 YRS. Maryland 9a, FACILITY NAME (If not institution, give street and number) 9h, CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10a, STATE Maryland Baltimore 1 X YES 2 - NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21214 U.S.A. 5015 Catalpha Rd 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 X Married If yes, specify Cuban, Mexican, Puerto Ricen, stc.)

1 YES 2 NO Specify: White BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 Yrs. Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Edward Lynch Mildred BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a, INFORMANT'S NAME (Type/Print) 2 5015 Catalpha Rd., Balto., Md. 21214 Edward A. Hillenbrand 204, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State | METHOD OF DISPOSITION |
| Burial 2 | Cremation 3 | Removal from State |
| Donation 5 | Other (Specify) | Holy Redeemer Cem. 10-17-90 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Roy H. Cather Roy 11. Cuthor Leonard J. Ruck, Inc., 5305 Harford Rd.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 shock, or haert feliure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH?

26. PLACE OF DEATH (Check only one)

1 U YES 2 NO

25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1-5 Inpatient 2 - ER/Outpatient 3 - DOA 1 YES 2 NO 27. MANNER OF DEATH 26e. DATE OF INJURY 1. Netural 6 Pending

investigation

8 Could not be datermined

OTHER: 4 - Nursing Home 5 - Residence 6 Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED

26b. TIME OF INJURY M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify)

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER
1 [PCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

UMH

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER? 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

	1	1		1		(1	1	0	5		/	11	ì			
0.	NAME	AND	ADDRESS	OF	PERSON	WHO	CC	MPL	ETED	CAUSE	OF	DEATH	(ITEM	27)	(Туре,	Print)

(ook M.D.

201 C. UNIV. PRWY.

31. DATE FILED (Month, Day, Year)

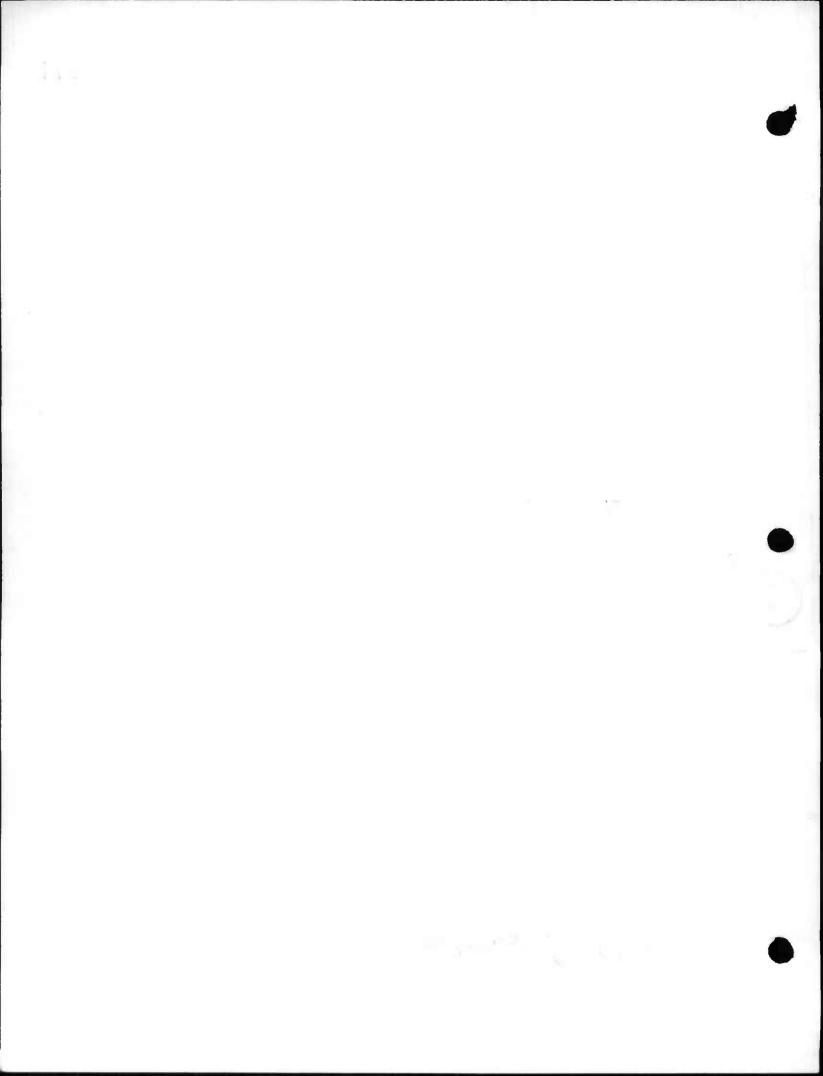
William P.

2 Accident

3 Suicide

4 Homicide

Guna Davidson-Aande 12



DHMH-16 Rav 1/89

BALTIMORE, MARYLAND 21203-3146

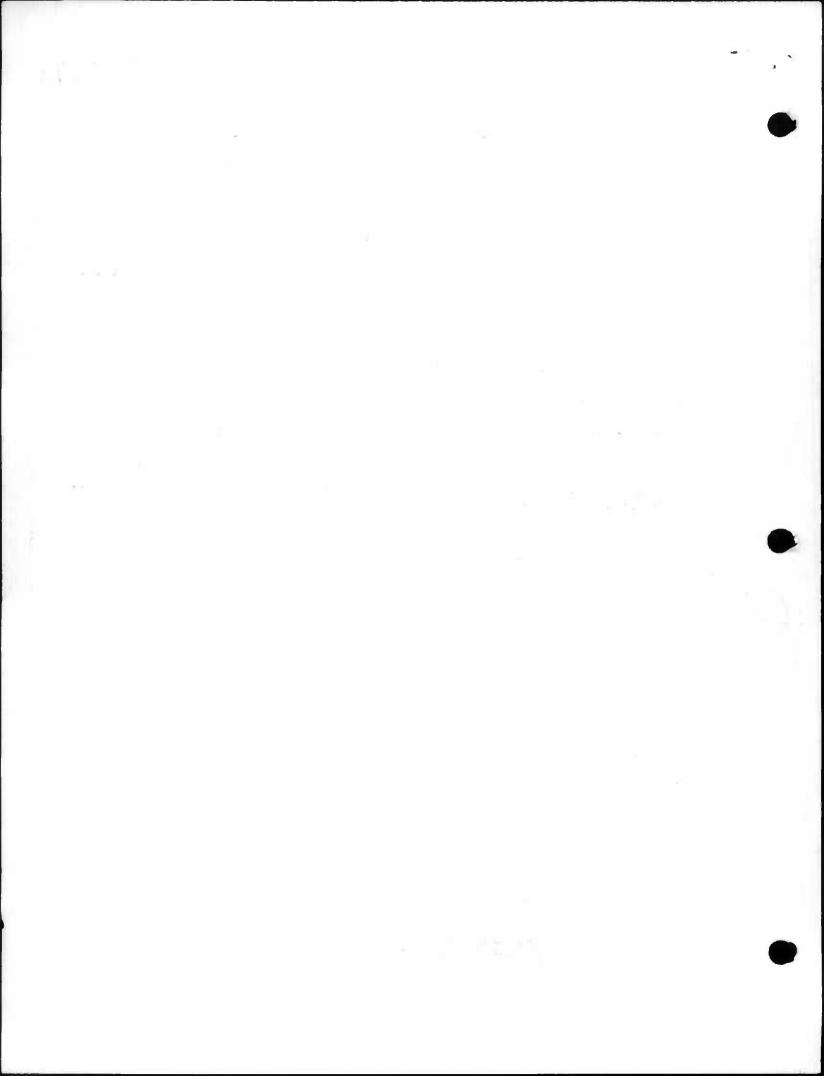
DIVISION OF VITAL RECORDS, P

FOR STATE REGISTRAR

OCT 1 5 1990

	1. DECEDENT'S NAME (First,	Middle, Last)									2. DATE OF	DEATH DA	4000	YEAR	3. TIME OF DEATH
		-1	MARY.			_	1				oci.		1990		
	4. SOCIAL SECURITY NUME 214-16-991		5. SEX		in yrs. last 69	birthday) YRS.	IF UNDER	DAY8	HOURS	MIN.	7. DATE OF 1 (Month, De 2-28-	ынтн У (баг) - 1 9 2 1		Count	RYLAND
	9a. FACILITY NAME (If not in				0,5	:1-1	9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF							
DIRECTOR	FRANCIS SCO		Y MEDICA	L CE	NTER			BALI	IMOF	E CI	TY				
E C	10a. STATE	10b. COUNT	Υ			10c. CIT	CITY, TOWN OR LOCATION							10d. INSIDE CITY	
E	MARYLAND	BA	LTIMORE				DUNDALK					1 TYES 2 NO			
A	10e. STREET AND NUMBER						10f. ZIP CODE 10g. CIT				10g. CIT		WHAT COUNTRY?		
FUNERAL	305 TRAPPE	ROAD				21222						U.S.A.			
3	t1. MARITAL STATUS  1 Never Married 2	Married	12. WAS DECEDED FORCES?	1 YES	2 X NO	NO If yes, specify Cuban, Maxican, Puarto Rican, atc.)					or No-	14. RAC Blac	E — American Indian, k, White, etc.		
) BY	3 X Widowed 4 Divo	rced	IF YES, GIVE	WAR OR D		1 TYES 2 XXO Specify.						Spec	"Y: WHITE		
ETED	(Specify onl	EDENT'S EDU y highest grade	completed)		(Giv	DECEDENT'S USUAL OCCUPATION (60k kind of work done during most of working life. Do NOT use retired.)				DUSTRY					
COMPLE	Elamentary/Secondary (6 6TH GRADE	)-12)	College (1-4 or 5 N/A	+}		HOME MAKER HOME				E					
8	17. FATHER'S NAME (First, M								7.2		ME (First, Midd		Sumame)		
BE	RICHARD GR		LDER		1	_					DA HOI				
2	19a. INFORMANT'S NAME (	.,	יםי				RAPP				Poute Number,				21222
	ANDREW J.					-		THOR	•						
	20a. METHOD OF DISPOSITION  1   XBuriel 2   Cremetion 3   Removel from State  4   Donation 5   Other (Specify)   BALTIMORE,														
	21. SIGNATURE OF PUNETA	L SERVICE L	CENSIE	//			22. DI T	NAME A	ND ADDRI	FINE	RAT, HO	ME C	F DU	NDAT	K, INC.
	7922 WISE AVENUE DUNDALK MARYLAND														
CERTIFICATION .	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Course).  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Course).											Interval Between Onset and Day 24 hrs			
	that initiated evants resulting in death) LAST  OUE TO (OR AS A CONSEQUENCE OF):  d.  DART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.  24a. WAS AN AUTOPSY PERFORMED? PERFORMED? AMALABLE PRIOR TO														
4: MEDICAL											_   '	☐ YES 2			COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:				OTHE		LACE OF	DEATH (Ch	eck only one)				
IXSI	1 TYES 2 NO		1 - Inpatient 2		ipatient 3	_	4 🗆 Nu	sing Hor		Rasidence	6 Other (S			- Automo	
ВУ РН	27. MANNER OF DEATH  1 Natural 5  2 Accident	Pending Investigation	28a. DATE C (Month,	Day, Year)		28b. Ttl	JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCR	IBE HOW I	INJURY OC	COMED	
	3 Suicide 8 Homicide	Could not be determined	28e. PLACE building	OF INJURY g, etc. (Spe	Y — At hou	me, farm,	atreat, fac	lory, offi	ca			ON (Street fown, State)		or or Rural	Route Number,
COMPLETED	One i		BICIAN: To the best												(a) and menner as stated
BE C	296. SIGNATURE AND TITL	E OF CERTIFIE	ER /			. ^			29c. LI	CENSE NU			29d. DA		D (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	Ellee		RAIG	DAD'S SIC	NATURE	FSI	ZH	5=	ato	<u>l</u>	Ba	lt	w	016	2
1	31. DATE FILED (Month, Day, Year)- 32. REGISTRAR'S SIGNATURE  Suha Javidson-Randall.														
		الما ما ساد			- 4										

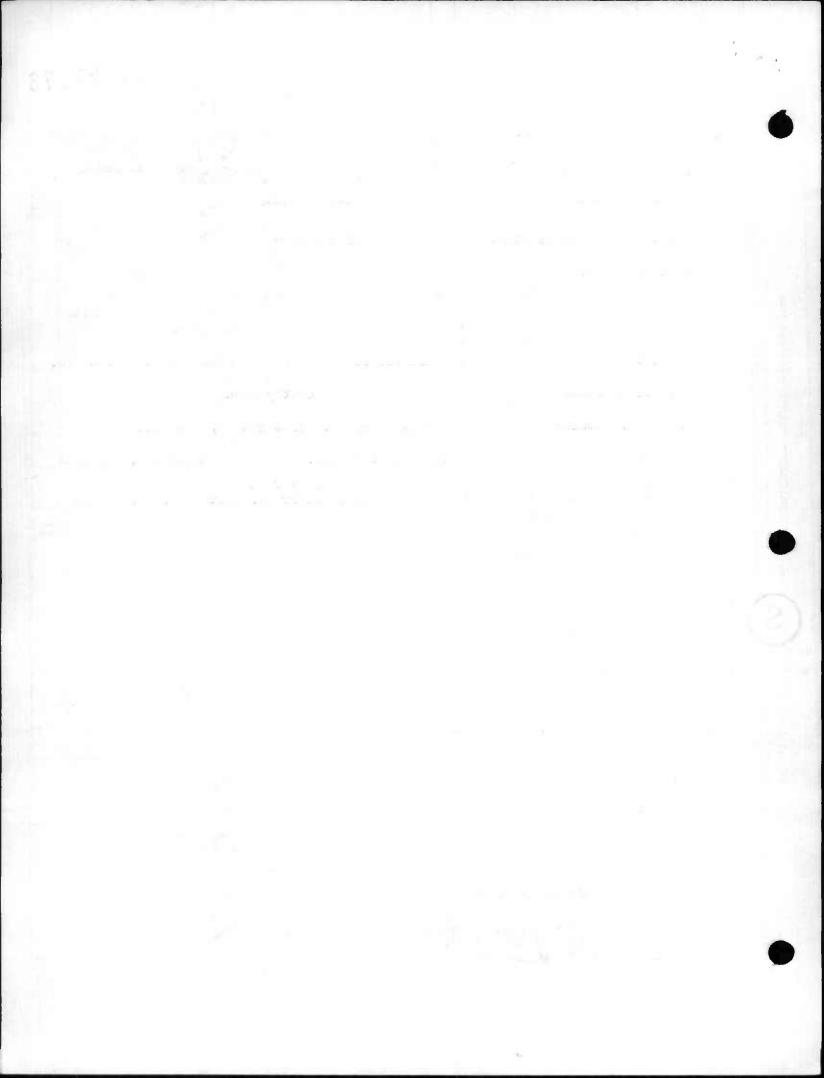
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



OHMH-18 Rev 1/89

RE, MARYLAND 21203-3146	5 may be retained by the hospital or attending physician. to, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	ust be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P. BOX 3146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law material management are desired within 2+ frouts after death. Page 8 may be retained by the hospital or attending physician.  TO THE RUNERAL DIRECTOR After this centificate has been signed by the attended on properties of the burneral director, page 5 should be detached for use as the burner transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Deat, of Health and Mental House to build, cremation, or removal.  IMPORTANT: If Item 28 is merked, or Item 23 shows any Injury, or after changing event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF DEATH	DAY /	YEAR	3. TIME OF DEATH
N	ocmo	a J.	Hooble						10/1	0/9	70	12:30 A M
4. SOCIAL SECURITY NUMBER		6. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI	PLACE (State or Foreign
212 -42 -	2274V	1 □ M 2 🔀 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.	10/19/	VV		Jersey
Se. FACILITY NAME (If not in		treet and number)			9b. CITY,	TOWN (	OR LOCATIO	N OF OE		9c. COU	INTY OF DE	T
Sinai Hospi					В	alt	imore	e Ci	ty			
RESIDENÇE OF DEC	10b. COUNTY	1		10c, CITY	, TOWN OF	LOCA	TION					10d, INSIDE CITY
Maryland	Carro	oll Count	у				terst	own				LIMITS?
10s. STREET AND NUMBER						10	1. ZIP CODE			10g. CI1	TIZEN OF W	HAT COUNTRY?
2221 Emory	Rd.						2113	6			USA	
11. MARITAL STATUS  1 Never Married 2 2  3 Widowed 4 Dive		FORCES?	HT EVER IN U.S. AI		11	yes, sp	CENDENT O	n, Mexica	NIC ORIGIN? (Specify ) in, Puerto Rican, etc.) y:	es or No	14. RACE Black Specif	-American Indian, White, atc.
	EDENT'S EDU		16a. D	ECEDENT'S	USUAL OC	CUPATI	ON		16b. KIND OF B	USINESS/IN	DUSTRY	
(Specify on Elementary/Secondary (I	ly highest grade 0-12)	College (1-4 or 6	- 46	Bive kind of w a. Do NOT us	ork done di e retired.)	inng mo	oat of workin	g				
12th	, ,,,			Bookk	eepe	r			Powe:	r Sup	ply E	ackup Co.
17. FATHER'S NAME (First, A	fiddle, Last)				4		16, MOTH	IER'S NA	ME (First, Middle, Maid			
Russell Bra							Dor	oth	y Johnson			
19a. INFORMANT'S NAME (			T,	DAM MARINO	ADDRESS	(Street		_	Route Number, City or T	own State 7	in Code)	
Ronald R. H		•							erstown.		21136	
20s. METHOD OF DISPOSIT			I son mi ace	OF DISPOS						LOCATION -		
1 Burial XX Cremati 4 Donation 6 Othe	on 3 🗆 Rem	oval from State	other p					attory or				Maryland
21. SIGNATURE OF FUNERA	AL SERVICE LIC	CENSEE	C .				ND ADDRES					
+ Laur	Lw D	unual	) Lome	_					ral Home Rd. Balti	more.	Md.	21236
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or Injustitat initiated events	ring ury	b. DUE TO	O (OR AS A CONSI	EQUENCE OF	ጉ:		nats		to br	منہ		
resulting in death) LAS	вт	d	_								-	
PART II. Other signific	ant condition	ns contributing t	o death but not	resulting	In the un	dertylr	ng cause (	jiven in	PERF	AN AUTOPSY ORMED? 2 NO	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		LACE OF 0	EATH (C)	heck only one)			
1 TES 2 NO			☐ ER/Outpatient	3 DOA			me 5 🗆 Re	esidence	6 ☐ Other (Specify)			
	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b, TIM	E OF JURY M	W	JURY AT ORK? YES 2	] NO	28d. OESCRIBE HO	N INJURY O	CCURED	
2 Accident 3 Suicide 6 4 Hornicide	Could not be determined	28e. PLACE building	OF INJURY At I I, etc. (Specify)	ome, farm,	street, facto	ory, offi	ce		261. LOCATION (Stre City or Town, Str		er or Rural F	loute Number,
Corect oray	DICAL EXAMIN	ER: On the basis of					death occu			end due to	the cause(s	) and manner as stated.
2 . 11.	1h	. an .0	S	D	-Y-	1				•	10/	10/00
30. NAME AND ADDRESS (	Hoo	oital	70	-		tir	mor	Q.	Mo		212	15
31. DATE FILED (Month, Day	1990	grina Da	HONOT MAN	Jarine								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 44 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burjatransit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-31

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO	).	
	1. DECEDENT'S NAME (First, Middle, Last) Forrest	Higgin	botham	10 1:	DAY YEAR	3. TIME OF DEATH  1240 AM
	026 12 7140 XM20F 6	5 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS	7-26-	25 CON	1 ASS.
TOR	90. FACILITY NAME (If not institution, give street and number) University Hospital RESIDENCE OF DECEMENT	96	Balto.	DEATH	9c. COUNTY OF	DEATH
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY, TO	3alto			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	7510 Shelowood	Rd,	212	.08	10g. CITIZEN OF	what country? .A.
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mer 1  YES 2 NO Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specific No. Specif	icen, Puerto Rican, etc.)		CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	18a. DECEDENT'S USI (Give kind of work life. Do NOT use p	done during most of working		S. Govt.	
COM	17. FATHER'S NAME (First, Middle, Last) Charles Higginboth	am	16. MOTHER'S	NAME (First, Middle, Meide	g Sumeme)	MATI
TO BE	190. INFORMANT'S NAME (Type/Print) Gladys Higginbotham		ORESS (Street and Number or Ru O Shelowood R		own, State, Zip Code) , Md. 21	208
		ob. PLACE OF DISPOSITIO	ON (Name of cemetery, cremetory Crematory	20c. I	ocation - city or Balto., M	Town, State Cl.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	NTA	22. NAME AND ADDRESS OF James A. Mor 1701 Laurens	ton & Sons	Lto., Md.	21217
	23. PART I. Enter the disesses, or complications that cause shock, or heart failure. List only one cause on IMMEDIATE CAUSE (Final disease or condition resulting in dasth)		enter the mode of dying, a	such as cardiac or rea		Approximate Interval Batween Onset and Death 2-days
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE. (Please or Injury.)	A CONSEQUENCE OF):		m bosis		
	PART II. Other significant conditions contributing to death	but not resulting in	ths underlying couse given		AN AUTOPSY 24	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL				1 Uyes		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	16	26. PLACE OF DEATH	(Check only one)		
YSI	1 Tes 2 No 1 Inpetient 2 ER/O	utpetient 3 DOA 4	☐ Nursing Home 5 ☐ Residen			
ВУ РН	27. MANNED OF DEATH  1 Natural 5 Pending 2 Accident Investigation	) INJUR	WORK? M 1 YES 2 NO	28d. DESCRIBE HOV		
	4 Homicide determined building, etc. (S)	RY — At home, farm, atre pecify)	et, nactory, office	City or Town, Sta	et end Number or Rure ite)	ir Houte Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my kind one)  2 MEDICAL EXAMINER: On the basic of examinal					e(s) end manner ee stated.
TO BE	206. SIGNATURE AND TITLE OF CENTUFIER	m	20g. LICENSE	NUMBER 39817	29d. DATE SIGNU	ED (Month, Day, Year)
F	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Pr 2-2	5. Green	ST.	Batto,	Md.
	0CT 15 1990 32. REGISTRAR'S SI	a Davidson-Ro	ndess			

Pages 1, 2, 3

permit.

**MARYLAND 21203-3146** 

BALTIMORE,

OF VITAL

DIVISION

TO THE HOSPITA
TO THE FUNERAL
Be filed within 72
IMPORTANT: II

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31. DATE FILED (MORE), DON. YEST 1990

30. NAME AND ADDRESS OF PURSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Gebremariam

funeral director, page 5 should be detached for use as the burial-transit hospital or attending physician. be retained by the death. Page 6 may 96 filled in by š certificate has 2 PHYSICIA

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TEN	IF FUNERAL DIRECTOR: After this certificate has been signed by the attended procedure of completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Deck. or Health and Mental High procedure committee or in the state of Health and Mental High procedure committee or in the state of Health and Mental High procedure committees.	DRTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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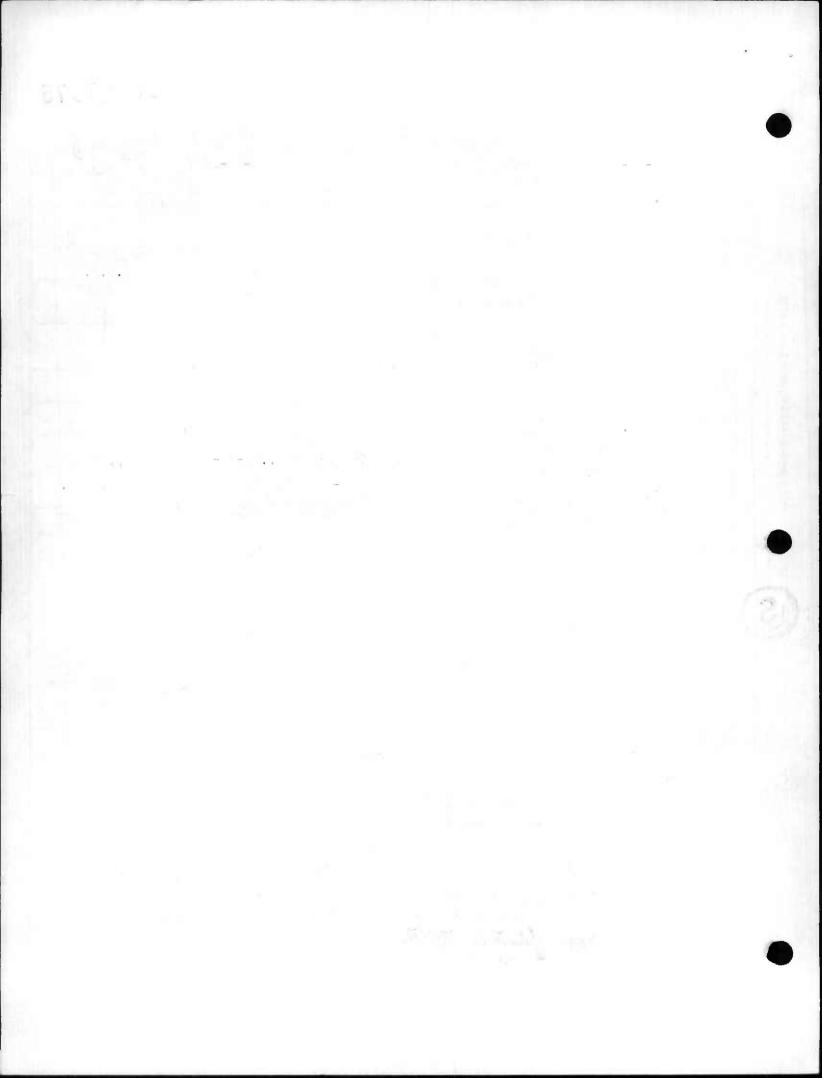
FOR STATE REGISTRAR 90 27975 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OFATH 2. DATE OF DEATH MONTH KAMMERMAYER YEAR MADELINE 90 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State of IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Your) 1-10-1907 NOT KNOWN 1 M XX F YRS. 212-70-4357 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. LUKES LUTHERAN HOME CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 | YES 2 | NO 10s. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7600 CLAYS LANE 21207 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 UES 2 (NO Specify: 14. RACE -- American Indian, Black, White, atc. 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE ETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEOENT'S EDUCATION sectly only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY COMPL NOT KNOWN NOT KNOWN N/A N/A 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surne NOT KNOWN GIESE NOT KNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) LUDWIG C. KAMMERMAYER 7917 DIEHLWOOD ROAD BALTIMORE. MARYLAND 21222 209, METHOD OF OISPOSITION

1) Buriel 2 Cremetion 3 Re 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 28c. LOCATION -- City or Town, State SACRED HEART OF JESUS CEM. . 10-12-90 BALTIMORE, 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNDUAL SURVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK. INC. 7922 WISE AVENUE DUNDALK, MD 21222 23 PART I. Enter the diseases, or complications that ceused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, shock, or haert fellure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) Cardiac hronc 01 CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): If any, leading to immediata cause. Enter UNDERLYING Contrac CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 | YES 2 | NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 TES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA Mursing Home 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER DF DEATH 28c. INJURY AT WORK? 28d. DEȘCRIBE HOW INJURY OCCURED 1 Hatural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER

**Chank only 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTIFIED 29d. DATE SIGNED (Month, Day, Year)

01832

Wilkens

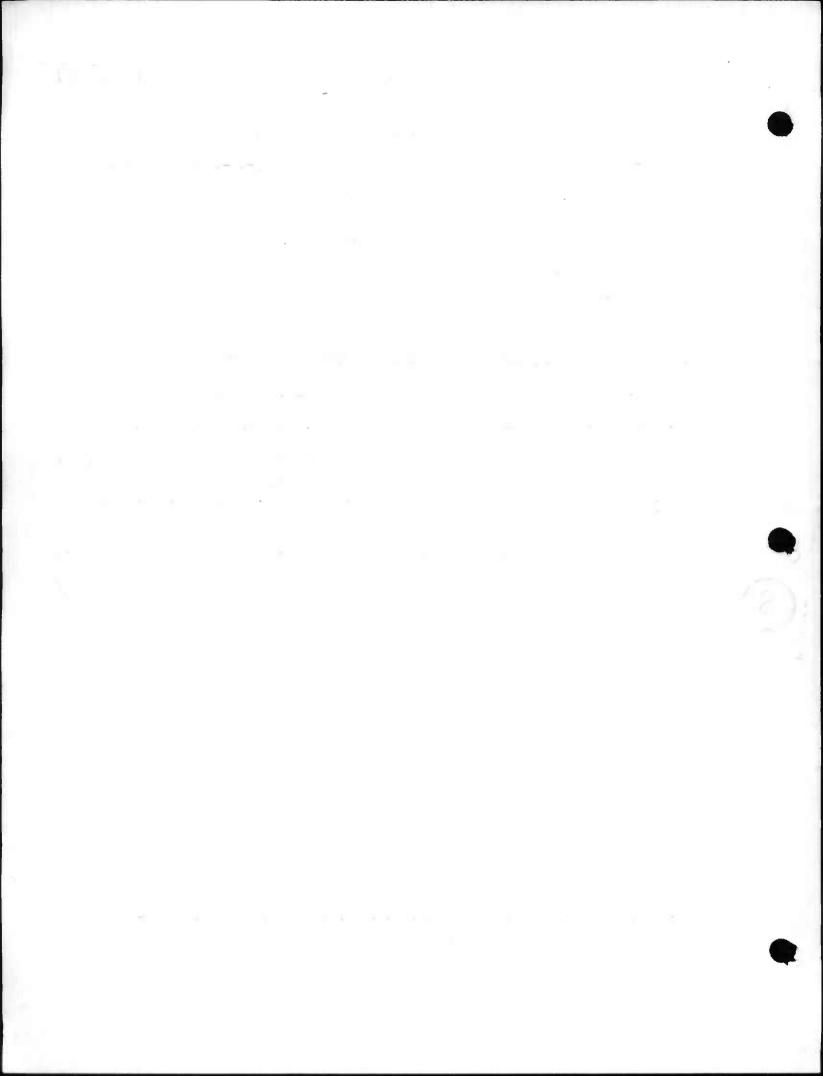


event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

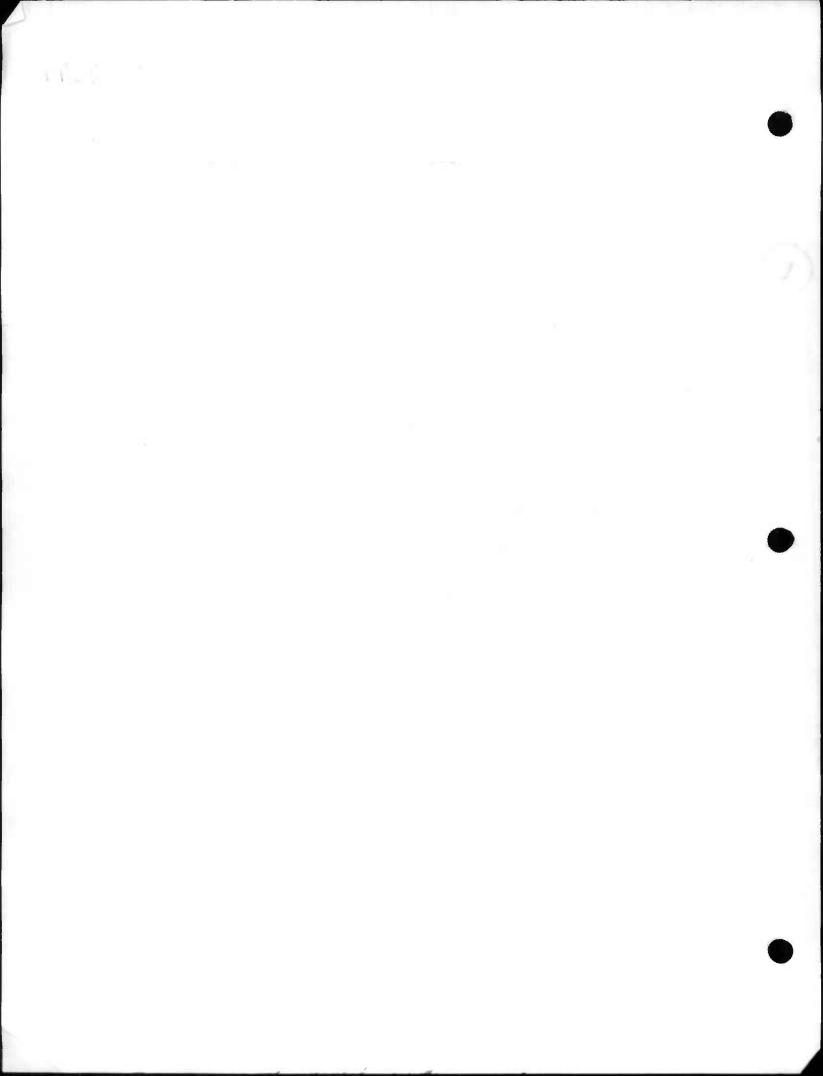
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death end in THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hydron IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other	<u>.a.</u>	59	9	8
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the durin it THE FUNERAL DIRECTOR: After this certificate has been signed by the attende field within 72 hours after death with the State Dept. of Health and Mental MIMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	¥	P	ě	e e
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	FOR 1 - STATE REGISTRAR	STATE OF MAR				HEALTH AND I	MENTA	REG. NO.	,	U			
•	1. DECEDENT'S NAME (First, Middle, Last) Eleanor Eli:	zabeth	Kozlo	wski			2. DAT	E OF DEATH	1998	3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-38-9463	5. SEX 8. A	AGE (In yrs. lest b		F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH ITH, Day, Year) 10-1942		BIRTHPLA Country) [ary]	CE (State or Foreign		
OR	90. FACILITY NAME (If not institution, give st 4323 Madonna Rd.	reet and number)		9b. CITY, TOWN OR LOCATION OF DEATH Street					ec. county of death Harford				
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	,	T	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?				
		ford		Street					1 TES 2 TO NO				
FUNERAL	10a. STREET AND NUMBER 4323 Madonna Rd.	•		101. ZIP CODE 21154					10g. CITIZEN OF WHAT COUNTRY? USA				
BY	11, MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 20 IF YES, GIVE WAR OR DATES									or No— 14. RACE — American Indian, Black, White, stc. Specify: White			
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade _Ejementery/Secondary (0-12)		16a, DECE (Give life, D	EDENT'S US kind of wor to NOT use	SUAL OCCUPA k done during retired.)	TION most of working	16	b. KIND OF BUS	INESS/INDUS	TRY			
MPL	12 years	1 year	So	cial	Direc	tor	1	/adonna	Herit	age			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Henry F. Damesyn					18. MOTHER'S NA Lilli	-	, Middle, Meiden S Vienesk:					
TO 8	Mr. Robert M. Ko	zlowski				a Rd. Str				مه) 1154ع			
	20a, METHOD OF DISPOSITION  1  Burlel 2 Cremellon 3 Rem  4 Donellon 8 Other (Specify)	oval from Stata	20b. PLACE DI other plec H1g	hviev	Memo of Memo	comotory, cromatory or rial Park			rford		state ity, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICE	eneral /			and Address of Fa ann Funer Belair R			re Md	2	21236			
	23. PART I. Enter the diseasea, pr			th. Do no					_		Approximate		
	shock, or heart fellure. List only one cause on each lina.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  s. Amyo from as a consequence of:										Interval Between Onset and Death Months		
CERTIFICATION	Sequentially list conditions, If sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):  DUE TO (DR AS A CONSEDUENCE OF):												
ERTI	that initiated events resulting in death) LAST	d	7 000000								İ		
PHYSICIAN: MEDICAL (	PART II. Other significant condition	trick and		the underly	ing cause given in	Part 1.	24a. WAS AN PERFOR	MED?	AN CC OI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE F DEATH?  YES 2 NO			
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1	26 DTHER:	PLACE OF DEATH (C)	heck only	one)					
IYSI	1   YES 2   LIMO	1 Inputient 2 ER			☐ Nursing H	oma 5 Aasidence		her (Specify) ESCRIBE HOW II	WILLIBA UCCIII	PED.			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, )	(bar)	INJUI	RY	WORK?  YES 2 NO	200.0	Egonial How ii		120			
	3 Suicide S Could not be detarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route City or Town, State)									te Number,			
COMPLETED	(Orlock Only	ICIAN: To the best of my ER: On the basis of axam									nd menner as stated.		
BE	29b. SIGNATURE AND TITLE DF CERTIFIE	ree	7			29c. LICENSE NU	MBER	75	29d. DATE S	29d. DATE SIGNED (Month, Day, Year)  (0/0/80			
2	30. NAME AND ADDRESS OF PERSON WIDE. David McClure	e Winters	Run Me	d. Ct		1 & Old	Jor	pa Rd.	(879				
	31. DATE FILED (Month, Day, Year)  OCT 1 5 1990	guha Davids	SIGNATURE	200		· .							



6	. Pages 1, 2, 3 should
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending private.  TO THE FUNERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be noted.

	REGISTRAR		CL	.niiii	CALL	. OF	DEAL	п	REG. N	J.		
	1. DECEDENT'S NAME (First, Middle, Last)	DOROTH	4						2. DATE OF DEATH MONTH	3 199	YEAR	SZSP M
	4. SOCIAL SECURITY NUMBER 129 28 8658	5. SEX 1  M 2  F	6. AGE (In yys, last	birthday)	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12/11/3		Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY,	TOWN C	R LOCATIO	N OF DEAT		9c. COUNT		
TOR	Harbor Hospital			Ш	В	alt	0.					
DIRECTOR	Md. 10b. COUNTY	A.Col		10c. CITY Gl	r, town of enBu	r LOCAT	TION E		_			I. INSIDE CITY LIMITS? YES 2X NO
	10e. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZE		COUNTRY?
FUNERAL	6378 Cenntenial (							1061			J.S.A	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARI	O	H	yes, sp		n, Mexican,	ORIGIN? (Specify \ Puerto Rican, atc.)		Black, W Specify; Black	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(Gi	CEDENT'S ve kind of v Do NOT us	vork done d e retired.)	luring mo	ON ist of working	g		USINESS/INDUS	STRY	
M					Cler	K			DMV			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Cleveland	Edmonso	n				Edr		E (First, Middle, Melde Mae .	n sumame) Abrahan	ns	
5	198. INFORMANT'S NAME (Type/Print)  Marck Formonson	1	198					or Rural Ro	ute Number, City or T	wn, Stete, Zip C Balto.		21226
	20s. METHOD OF DISPOSITION    Surial 2   Cremation 3   Rem   A   Donation 6   Other (Specify)	oval from State	20b. PLACE other ple							Balto/		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE						SS OF FACIL	on& Sons			
_	Vas. 9.	1/07	CV		1	701	Laur	rens	St. B	alto.,	Md.	
	23. FART . Enter tha disasses, or a lock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	it coused the de use on each ilns							A	st,	Approximata interval Between Onset and Death
	immediate cause (Final disease or condition resulting in death)  a. Disputs Careinone lung, e Mets  Onset and Death  Onset and Death											
CERTIFICATION	Sequentially tlat conditions, if any, leading to immediata	DUE TO	(OR AS A CONSTRO	DUENCE OF	F)!	<u> </u>						
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONSEC	DUENCE OF	FI:							
Ē	that initiated events resulting in death) LAST		(on the production		,							
		d									_	
EDICAL	PART ii. Other aignificent condition	na contributing to	death but not r	esulting	in the un	derlyin	g ceuse g	given in P	art I. 24a. WAS. PERF	AN AUTOPSY ORMED?	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO HIPLETION OF CAUSE DEATH?
2									_		1 (	YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF D	EATH (Chec	k only one)		-	
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nun		ne 5 🗆 Re	sidence 6	Other (Specify)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Hetural 6 Pending Investigation	28a. DATE Of (Month, I		26b. TIM	E OF JURY M	W	JURY AT ORK? YES 2		28d. OEŞCRIBE HO	V INJURY OCCL	JREO	
TED BY	2   Accident   Investigation   3   Suicide   6   Could not be determined	28e. PLACE ( building	OF INJURY — Al ho , etc. (Specify)	me, ferm,	atreet, fact	ory, offic	00		261. LOCATION (Stre City or Town, Ste		r Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	7 7 7 1111										nd menner en stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIES	3					29c. LICI	ENSE NUME	BER	29d. DATE	SIGNED (M	onth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	RIAZ I		M 27 (Typo	Print)	i I	hire	- 40	altinue	M.D.	212	28
	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE		•	0	44					



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR

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0	품	this
ON	DING	After
S	TEN	after a
<u>≥</u>	OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attention be filed within 72 hours after death with the State Dept. of Health and Martal May
	TAL	PAL 2
	TOSE TOSE	FUNE
	불	THE
	2	23

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other

	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At atc. (Specify)	home, farm,			YES 2	⊔ NO		ON (Street Rown, Stete		or or Rural Ro	oute Number,
	2 Accident investigation				M	' ' '	TES 2	□ NO					
	27. MANNER OF DEATH  1 Netural 6 Pending	28s. DATE OF (Month, De		28b. TIN	ME OF JURY	WC	JURY AT		28d. DEŞCI	RIBE HOW	INJURY OC	CURED	
	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE	R:		AA.	6 Other (	Specify)			
	25. WAS CASE REFERRED TO MEDICAL					28. Pi	LACE OF	DEATH (Chi	eck only one)				1 YES 2 NO
								g., e.r., er.		PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	PART II. Other significent condition	d	desth but no	ot resulting	in the	nderivin	G CSUSA	given in	Part i. 2	Ia. WAS AN	ALITOPSV	24h	WERE AUTOPSY FINDINGS
	if sny, issding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c		AS A CONSEQUENCE OF):									
	Sequentially list conditions,	b	OR AS A CON										
	immediate cause (final disease or condition reaulting in death)	a. TO a	OR AS A CON	SEQUENCE O	avarian & Cancer								
	23. PART i. Enter the diseases, or shock, or heart feilure.	complications that List only one caus	daused the	deeth. Do i	not enter	the mo	de of dy	ring, suct	sa cardia	or reap	ratory ar	reat,	Approximata interval Between Onset and Dasth
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton JKnight Jr Leonard J. Ruck, Inc. 5305 Harford Rd.						Rd.							
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		Gate	esof bisport	leave	en 10	0/16	/90		Val	Hall	City or Tow	New York
	Richard T. Lawi	ton	1						e Bal	4			
	19a. INFORMANT'S NAME (Type/Print)	31		5 19b. MAILING	ADDRESS	S (Street a	nd Numbe				n, State, Zip		I OH
	17. FATHER'S NAME (First, Middle, Lest) Arthur	C	chweer	c			18. MOT		ridge		Sumame)	Cond	ron
12 Yrs.  College (1-4 or 5+) Housewife													
	15. DECEDENT'S EDU (Specify only highest grade	completed)		DECEDENT'S (Give kind of tille). Do NOT us	USUAL Of work done	CCUPATIO during mo	ON at of worki	ing	16b. KI	ND OF BUS	BINESS/INC	DUSTRY	
	1 Never Married 2 Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Never Married   Ne								White				
	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1		ARMED X NO				OF HISPAN	IC ORIGIN? (				- American Indian, White, atc.
	100. STREET AND NUMBER 2201 Echodale	Avenue				101	. ZIP COD	_	21214				States
	Maryland							re Ci	ty				1 💢 YES 2 🗌 NO
	RESIDENCE OF DECEDENT	1	u .	10c. CIT	Y, TOWN C	OR LOCAT	ION					1	10d. INSIDE CITY LIMITS?
	St. Joseph Hosp	ital,	4	- 1	Towson Baltim					ltimore _			
	9e. FACILITY NAME (If not institution, give s		05.	THO.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF REATH					-			
	4. SOCIAL SECURITY NUMBER 122-14-2472	5. SEX 1 ☐ M 2 (X) F	8. AGE (In yrs. )	lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER		7. DATE OF Jan.	BIRTH	1925	Countain	York
Ì	1. DECEDENT'S NAME (First, Middle, Last)  Marie B	Law	Ton	Mari	ie B.	. Lav	wton		2. DATE OF MONTH OCt.	DA	1990	YEAR	3. TIME OF DEATH
ĺ	REGISTRAN												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

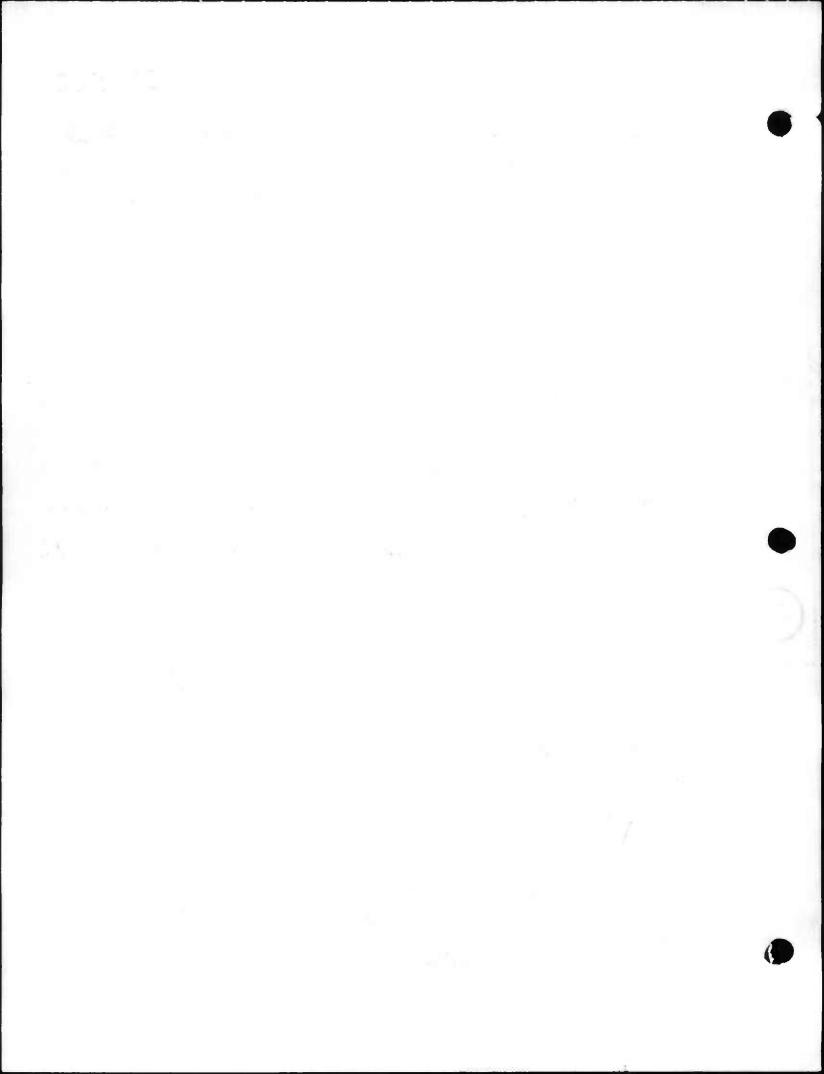
arkingan daga seba

ICIAN: The law requires that the death certiffer a second within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	percent of the permit of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	semation, or removal.	ther means even, the medical examiner must be notified at once.	
K	100 mg	a buris a	W	
4	1	h the State Dept. of Health and Mental Hygieria pro-	Der 1	
eath certi	artending	ntal Hygie	y, or oth	
hat the d	1 by the	and Mer	ny Injur	
equires t	en signer	of Health	shows a	
The law	is certificate has been signed by the attending	ate Dept.	id, or item 23 shows any injury, or of	
YSICIAN:	s certifica	th the St	d, or It	
IDING PH	After this	death wi	s marke	
OR ATTEN	JIRECTOR.	be filed within 72 hours after death with	tem 28	
OSPITAL	UNERAL L	rithin 72 h	ANT: IF I	
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this	be filed w	IMPORTANT: If Item 28 is marked, (	

	REGISTRAN	CERTIF	TMENT OF HEALTH AND ICATE OF DEATH	REG. NO.	10-12-	· ·			
	1. DECEDENT'S NAME (First, Middle, Last) Mildred Loon &	· /		2. DATE OF OEATH	2 9°648	3. TIME OF DEATH 8:05 p M			
	4. SOCIAL SECURITY NUMBER  220-09-2015  5. SEX  1 □ M 2 💆 F					THPLACE (State or Foreign ntry) RYLAND			
H.	9a. FACILITY NAME (If not institution, give street end number) MERCY HOSPITAL	,	BALTIMORE	DEATH	9c. COUNTY OF				
הטוספרוט	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  MARYLAND			10d. INSIDE CITY LIMITS?  1 X YES 2 NO					
- 11	100. STREET AND NUMBER 524 N. CHARLES STREET APT.	101. ZIP CODE 21201	30	10g. CITIZEN OF WHAT COUNTRY?  U.S.A.					
BY FUNEHAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS OECEDENT EVERY FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ER IN U.S. ARMED YES 2 XNO	13. WAS DECEMBENT OF HISP. If yes, specify Cuban, Maxis 1  YES 2 X NO Specify Cuban, Maxis	can, Puerto Rican, etc.)	s or No 14. RA Bis	CE — American Indian, lock, White, etc.			
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  1 Oth  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  HOMEMAKER				166. KINO OF BUSINESS/INDUSTRY OWN HOME				
N N	17. FATHER'S NAME (First, Middle, Last)  ALFRED JOHNSON  198. INFORMANT'S NAME (Type/Print)	G. ZOELL  Houte Number, City or Tow	ERS						
2	DELMA KERNAN 2524 EISENHOWER AVENU								
	1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	other place) METRO CF		CA	TONSVILL	•			
	LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228								
	28-PART. Enter the diseasea, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest,  Approximate Interval Between Onset and Death disease or condition resulting in death)  ACUTE Renal Failure  BArs  Due to (or as a consequence of):  Longesture Heart Failure  Due to for as a consequence of):								
and language	CAUSE (Disease or Injury	AS A CONSEQUENCE O		,re		140.			
PHYSICIAN: MEDICAL CÉRTIFICATION	PART II. Other algorificant conditions contributing to des	N AUTOPSY 2 PMED? 2	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 DK NO						
ייייייייייייייייייייייייייייייייייייייי	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	/Outputlent 3 🗆 DOA	28. PLACE OF DEATH ( OTHER: 4 \( \text{Nursing Home } 5 \) Residence	STATE OF STREET					
/ P	27. MANNER OF OEATH  1 Netural 5 Pending  28a. DATE OF INJ (Month, Day, V	URY 28b. TIR		28d. OESCRIBE HOW	INJURY OCCURED				
	Invitation to a second	2 Accident 3 Suicide 8 Could not be detarmined 4 Homicide detarmined  28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)							
ED 61	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF IN building, etc.								
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 28e. PLACE OF IN building, etc.	(Specify) knowledge, death occur				e(s) and menner as stated.			
TO BE COMPLETED BY PHY	2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF IN building, etc. 29e. CERTIFIER (Check only 1	(Specify) knowledge, death occur		he time, data and placa, a	29d. DATE SIGN	e(s) and menner as stated.  ED (Month, Day, Year)  12 - 40			

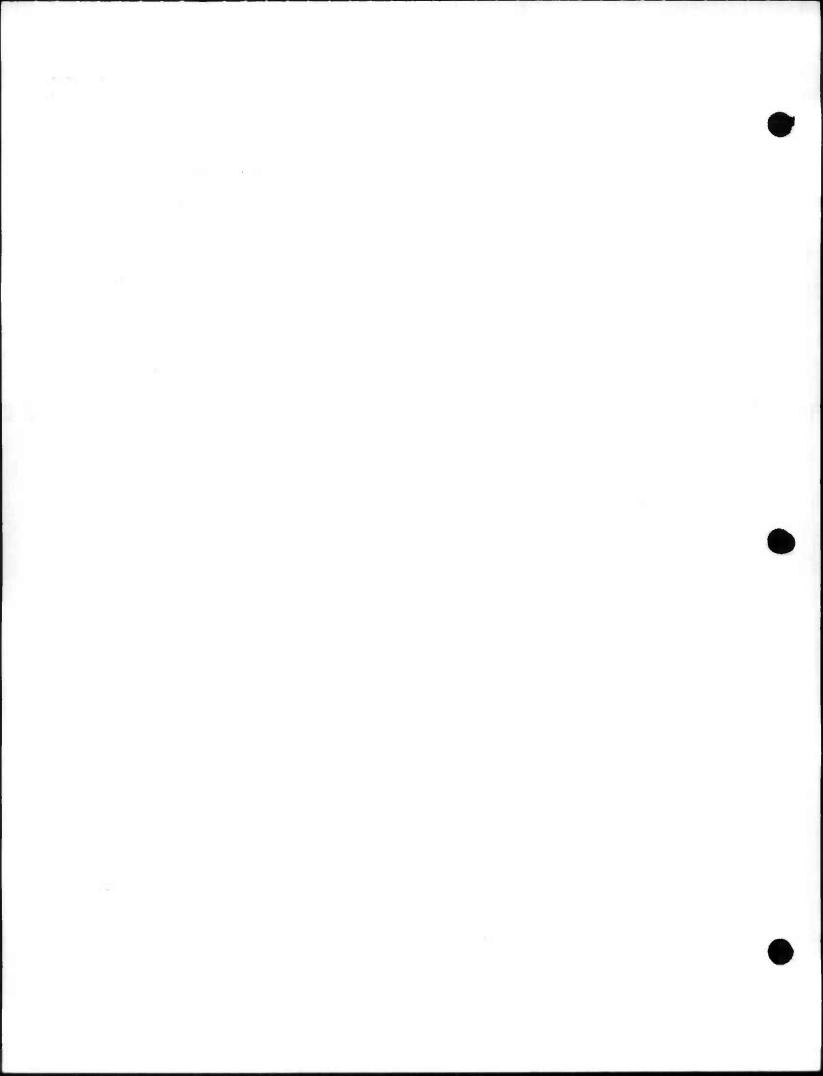
* 41.00

	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
,			,		MONTH DA	Y YEAT			
:	Ruth Beth, Le	emieu	X		10 - 10	19:35 P"			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF BIRTH		RTHPLACE (State or Foreign		
	093-07-9214 1 M 2 X F	YRS.	MONTHS DAY		(Month, Day, Year)		untry)		
	070 07 7214			ennsylvania					
	9a. FACILITY NAME (If not institution, give street and number)	1	- American	VN OR LOCATION OF DE		9c. COUNTY O			
6	tallston General H	OSP,	1-9	liston	MD.	Ha	RTORD		
5 l	RESIDENCE OF DECEDENT								
Ä	10s. STATE 10b. COUNTY	10c. CITY	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
5	Maryland Harford	Bel	Air				1 X YES 2 NO		
اب	10e. STREET AND NUMBER			10f. ZIP CODE		10a, CITIZEN C	F WHAT COUNTRY?		
FUNERAL DIRECTOR	710 Deerbrook Rd.			21014		1000			
뿌ㅣ						u.s.			
5 1	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YE			DECENDENT OF HISPAN , specify Cuban, Mexican	IC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No— 14. R	ACE — American Indian, lack, White, etc.		
ВУ	1 Never Married 2 Married IF YES, GIVE WAR OF			YES 2 X NO Specify		S	White		
	3 (X) Wildows 4   Divolces						white		
윤	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S	USUAL OCCUI	PATION g most of working	16b. KIND OF BUS	INESS/INDUSTR	Υ		
	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use	e retired.)	I most or working					
7	8	Manicu	IHIKT		Beauty	Salan			
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)	Marrocco	00000	40 MOTHED'S NA	ME (First, Middle Meiden				
BE	Christian E. Evans				abeth Robi				
2	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Town				
۱٦	Stephen J. Sedler	710 De	erbro	ok Rd. B	el Air, M	D. 210	114		
	20s. METHOD OF DISPOSITION			f cemetery, cremetory or		CATION - City o	r Town, State		
	1 Buriel 2 Cremation 3 Removal from State	mataku							
4 Donestion 5 Other (Specify) Green Mount Crematory Balt 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						sumore, Mr.			
		- //			ENBURG FUN	EDAI U	NE THE		
	· Duare J. Kinca	ud			Rd. Balt		,		
	23. PART I. Enter the diseases of complications that cause		ot enter the	mode of dylng auc	h as cardiac or read	ratory arrest	MD 21214 Approximate		
	shock, or heart fallure. List only one cause or					, , , , , , , , , , , , , , , , , , , ,	Interval Between		
- 1	IMMEDIATE CAUSE (Final		40 6	0.0	11 011		Onset and Death		
	disease or condition resulting in deeth)	2 m	gue	VELL	19mp4	ma	3 9R		
- 1		S A CONSEQUENCE OF			,				
-									
Ö	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
A	if any, leading to immediate cause. Enter UNDERLYING								
유	CAUSE (Disease or Injury C.	S A CONSEQUENCE OF	٥.						
E	that initiated events resulting in death) LAST		,						
CERTIFICATION	d								
	PART II. Other significant conditions contributing to deat	h but not resulting i	n the under	iving cause given in	Part I. 24s, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERFOR		AMAILABLE PRIOR TO		
8					1 🗆 YES 2	NO	COMPLETION OF CAUSE OF DEATH?		
¥.					/	′'	1 TES 2 NO		
7									
A	25. WAS CASE REFERRED TO MEDICAL .		-	8. PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN:	EXAMINER? HOSPITAL:	Salaration of Casa.	OTHER:						
75		Outpetlent 3 DOA		Home 8 - Residence					
표	(Month, Day, Yea		URY	: INJURY AT WORK?	28d. DEŞCRIBE HOW I	INJURY OCCURE	D		
BY	1 Netural 6 Pending 2 Accident Investigation		M 1	YES 2 NO					
		URY — At home, farm, i	street, factory,	office	28f. LOCATION (Street City or Town, State)	and Number or Ru	irel Route Number,		
9	4 Homicide determined	эроонуу			Gily Gr lown, Grate,	,			
Щ	29a, CERTIFIER								
P	(Check only CERTIFYING PHYSICIAN: To the best of my ki								
COMPLET	# MEDICAL EXAMINER: On the beels of examin	ation and/or/investigation	n, in my opini	on, death occured at the	time, data and place, ar	nd due to the cau	use(s) and manner as stated.		
	FIG. SIGNATURE AND TITLE OF CENTIFIER	4 X	/	29c, LICENSE NUI	MBER	29d. DATE SIG	MED (Month, Day, Year)		
BE	In 91W	WY	n	)]		10/	13/90		
2	THE HOLD STORES OF REPORT HELD COURSE THE	0	000		1 12 -1	15/5/	- / / -		
	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	7	Print)	112 12	HICK	2) 1	× 21047		
	JAMA 1. GAMAN	いい.	(you	LSTUN	unto	74	9 11-11		
	31. DATE MLED (Month, Day, Year) 32. REGISTRAR'S S	IGNATURE			t				
	OCT 1 5 1990 July Burden	2.2.0							



fter death. Page 6 may be retained by the hosp	the funeral director, page 5 should be detache oval.	al examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he fine within 72 hours after death with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE OF MARY REGISTRAR	LAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEATI	AND MENTAL HYGIENI H REG. NO.	90 27981		
	1. DECEDENT'S NAME (First, Middle, Lest)		2. DATE OF DEATH MONTH DA	3. TIME OF DEATH		
	Herman Magaziner		October 6	-7 :00V"		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AQ	E (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2	4 HRS. 7. DATE OF BIRTH	6. BIRTHPLACE (State or Foreign Country)		
	579=16=1723A 1\(\bar{X}\) M 2 \(\overline{1}\) F	81 YRS. MONTHS DAYS HOURS		08 Russia		
	9e. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION		9c. COUNTY OF DEATH		
DIRECTOR	816 Easley Street, #433	Silver Sprin	ng	Montgomery		
1 1 1	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?		
	Maryland Montgomery	Silver Spring		1 TYES 2 TO NO		
BY FUNERAL	10e. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		
🖫	816 Easley Street, #433	20910		U.S.A.		
5	11. MARITAL STATUS  12. WAS DECEDENT EVER FORCES? 1 YE	I IN U.S. ARMED 13. WAS DECENDENT OF If yes, specify Cuben,	HISPANIC ORIGIN? (Specify Yee, Mexican, Puerto Rican, etc.)	or No— 14. RACE — American Indian, Black, White, atc.		
1 Never Merried 2 Married IF YES, GIVE WAR OR DATES IT YES 2 XNO IT YES 2 NO Specify:  Specify:  Specify:  Specify:  Title i + c						
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUS	White		
	(Specify only highest grade completed)	(Give kind of work done during most of working life. Do NOT use retired.)	IOU. KIND OF BUS	NACO AND COLOR		
ايرا	Elementary/Secondary (0-12) College (1-4 or 8+)	Retail Sales	D			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		ER'S NAME (First, Middle, Maiden	ment Store		
	not available			11100		
BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRESS (Street and Number of	not avail			
일	Lillian Magaziner	816 Easley Street.	Control and the second	20010		
	20a, METHOD OF DISPOSITION	1010 EdSTEY STREET,		CATION — City or Town, Blate		
	1   Burlel 2   Cremetion 3   Removal from State 4   Donation 5   (1994)	other place)	,			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS	S OF FACILITY			
	A March 1 Miller					
	* family Muller					
	23. PART I. Enter the diseases, or complications that cause or shock, or heart failure. List only one cause or		ng, such as cardiac or respi	ratory arrest, Approximata interval Between		
	IMMEDIATE CAUSE (Final		- > 1	Onset and Death		
	disease or condition resulting in death)	ardiac ar	in of the me	· cr '		
	DUE TO (OR A	S A CONSEQUENCE OF):	4			
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Ĕ	If any, leading to immediate cause. Entar UNDERLYING	S A CONSEQUENCE OF):				
일	CAUSE (Disease or injury	S A CONSEQUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST					
핑	d					
A A	PART II. Other algnificent conditions contributing to deati	but not resulting in the underlying cause g	Iven in Part i. 24s. WAS AN PERFOR			
MEDIC			1 TES 2	COMPLETION OF CAUSE		
ME				1 - YES 2 - NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		EATH (Check only one)			
SIC	1 X YES 2 NO 1 Input 2 ER/C	OTHER: 4   Nursing Home 5   Red	sidence 6 - Other (Specify)			
Ŧ	27. MANNER OF DEATH 28e. DATE OF INJUI (Month, Day, Yea		28d. DESCRIBE HOW I	NJURY OCCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	M 1 TYES 2	NO NO			
ED E	3 Suicide 6 Could not be 28e. PLACE OF INJU	JRY — At home, farm, street, factory, office specify)	28f. LOCATION (Street City or Town, State)	end Number or Rural Route Number,		
E	4 Homicide determined					
PLE	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kr	owledge, death occurred at the time, date end piece,	end due to the cause(a) and ma	nner as stated.		
COMPLET		ttion end/or investigation, in my opinion, death occurre	ed at the time, date end place, er	nd due to the cause(e) end manner ee stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICE	NSE NUMBER	29d. DATE SIGNED (Month, Day, Year)		
BE (	John I Touba	D085	46	October 6, 1990		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF		-	, 555555 0/ 1990		
	John F. Tauber, M.D. 823	18 Wisconsin Avenue, B	ethesda, Marv	land 20814		
	21 DATE EN ED March On Mart	CALATHER				
1	OCT 15 1990 Julia Pavidson-Ran	dell		1		



A 35.25. A

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death configuration of the model of the foreign of the model of the state of the serificate has been signed by the attending point of the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept, of Health and Mental Hypping connection, or removal.

IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other transmitter went, the medical examiner must be notified at once.

ITEMS:23 thru 28f per ME G-669 11-8-90 cm

OR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
EGISTRAR	CERTIFICATE OF DEATH	DEG NO

	ricalotrian				9711				- ''	LG. NO.			_
į,	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF I	DEATH		3. TIME OF DEATH	
1	Harry	Rn	own		Mvers				10	1.2		90 6:06 A	м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	In India of our of	IF UNDER		IF UNDER		10 12		B. BIRTHPLACE (State or Foreign	$\dashv$	
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l	9a, FACILITY NAME (If not institution, give st	treet and number)			9b. CITY	TOWN (	OR LOCATI	ON OF DE	ATH		9c. COUNT	TY OF DEATH	$\neg$
~	Talana Hamlaina Manaital												- 1
DIRECTOR	Johns Hopkins Hospital					Ba	ltim	ore					
5	RESIDENCE OF DECEDENT												コ
Ĭ.						R LOCA						10d. INSIDE CITY LIMITS?	
뜻	Md.					Baltimore (ity						1 X YES 2 NO	- 1
	10e, STREET AND NUMBER												$\dashv$
₹						101. ZIP CODE					-	EN OF WHAT COUNTRY?	- 1
<b>E</b>	6014 Eastern Avenue						2	1224		1	(	1.S.A.	- 1
BY FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13	WAS DEC	ENDENT O	OF HISPAN	IIC ORIGIN? (S	nectty Year	or No.— I 1	14. RACE — American Indian.	ᅥ
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>	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		'	YES	2 00 NO	Specify	y:			Specify: White	- 1
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COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KIN	ID OF BUSI	NESS/INDU	STRY	
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Z I	10			rauci	( Dia	.ver	,				<u> </u>		_
0	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl	le, Maiden S	lumame)		- 1
	Harry Edward My	vers					A	mie	Brown				-1
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	1 MBurial 2 Cremation 3 Ram	oval from State	other pla	(Ce)	16/10	nun l	ene	tonu			thusod		
- 1	4 Donation 5 Other (Specify)			- 00	01 24	BUT !	Jene	wy					-
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Charles S. Zeiler & Son Inc. 6224  Charles S. Zeiler & Son Inc. Eastern Ave.										- 1		
	harles S. Zeiler & Son								& Son	Inc	CIA	_	
	mure	V. Jew				,						castern tive.	
	23. PART I. Enter the diseases, or o	complications the	t caused tha da	ath. Do	not enter	the mo	ode of dy	ing, auc	h aa cardiac	or reapir	atory arre		
	ahock, or haart fallure.	List only one cou	ise on each lina									Interval Between	
	IMMEDIATE CAUSE (Finel	NITVIEW TAX	TITIOTIC									Onset and Dast	,n
	disease or condition resulting in death)	NECK IN	JURIES										_
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CERTIFICATION	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):										$\dashv$		
Ě	If any, leading to immediate	DUE 10	(OH AS A CONSEC	JUENCE O	e-):							i	
8	cause. Enter UNDERLYING	c.											
Ĭ.	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	DUENCE O	F):								
ΙĒΙ	resulting in deeth) LAST												
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9	PART II. Other algnificant condition	a contributing to	death but not r	esulting	In the u	derivir	o cause	alven in	Part i. 24	a. WAS AN	MITOPSY	24b. WERE AUTOPSY FINDINGS	5
EDICAL	TATE II. Other significant condition	- Continuating to	death out not t	asaiting	in the di	ideliyii	ig cause	Stron III	rait is 24	PERFORI		AVAILABLE PRIOR TO	,
8									10	YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?	- 1
												1 TYES 2 NO	- 1
Σ									_			10 120 10 110	- 1
PHYSICIAN:									1				
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF (	DEATH (Ch	neck only one)				
1 2 1	1 X YES 2 NO	HOSPITAL:	F9/Outnotient 3	□ DOA	OTHE		- 6 D D	lanklanna	8 Other (S	nanifi.i			
ĭ <u>×</u>	27. MANNER OF DEATH			_				a alderice					-4
표		28a. DATE OF (Month, D	Day, Year)	28b. Tik	JURY	26c. IN	JURY AT ORK?		28d. DESCR			UMED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	10-9-9	0		М	1 🗌	YES 2	⊠ NO	SUBJ.	ECT F	ELL		
	2 Destate	26a. PLACE C	F INJURY — At ho	me, farm,	street, fac	tory, offi	ca		28f. LOCATIO	ON (Street a	nd Number o	or Rural Route Number,	П
유	4 Homicide datarmined		atc. (Specify)						City or T	own, State)			
E		UNKNOW	IIN						UNKN	OMM	-		
ا تا	29a. CERTIFIER	ICIAN: To the best of	my knowledge de	ath necur	and at the	lime det	e and plac	e and due	to the cause/	e) and man	ner es state	4	П
호	(Criban only												
COMPLETED	ZAZMEDICAL EXAMINE	En: Un the basia of a	namination and/or	iriveatigati	on, in my	opinion,	GOSTN OCCL	ered at the	time, data and	r place, and	s due to the	cause(a) and menner as stated.	
	386 STOMASURE AND TATLE OF CONTINE	#					29c. LIC	ENSE NU	MBER		29d. DATE	SIGNED (Month, Day, Year)	
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2	- JUL 3481							U	CPIE			TO/ TO/ OO	
	38 NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAU	SE OF DEATH (ITE	M 27) (Type	, Print)		_						
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 27983 3. TIME OF OEATH 10:20P 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 10/10/90 MONTH DAY 1. OECEDENT'S NAME (First, Middle, Last) 0-20pm LOUISE C. MacDONALD 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Day, Year) 12-12-1894 DAYS HOURS 1 □ M 2X□ F 95 = MARYLAND 213-14-9651 Se. FACILITY NAME (If not institution, give street and number) Sc COUNTY OF DEATH 95 CITY TOWN OR LOCATION OF DEATH CHURCH HOSPITAL CORPORATION DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE DUNDALK 1 YES 2XXNO MARYLAND 190-STREET AND NUMBER .. 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21222 1046 OLD NORTH POINT ROAD U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 27 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: Widowed 4 Divorced BY WHITE COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) SECRETARY VARIOUS COMPANIES 11TH GRADE N/A 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) To JOSEPH KARMAN WALBURGA LEADER BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2101A OREMS ROAD BALTIMORE, MARYLAND MATT PAAVOLA be 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20s. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State must Buriel 2 Cremation 3 Removal from State

4 Donation 5 Other (Specify) SACRED HEART OF JESUS CEM. 10-13-90 BALTIMORE, MD 21. RIGNATURE OF FINERAL SERVICE/LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK, INC. 7922 WISE AVENUE DUNDALK, MARYLAND 21222 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate e. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE amy 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER 1 YES 2 NO petient 2 - ER/Outpetient 3 - DOA ng Home 5 - Reeldence 6 - Other (Specify) 6 27. MANNER OF GEATH 28e, OATE OF INJURY 28b, TIME OF 28c. INJURY AT WORK? 28d DESCRIBE HOW INJURY OCCURED marked, INJURY 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: Journal of Item 28 is .00 COMPLETED 6 Could not be determined 4 Homicide 29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, date and piece, and due to the cause(e) and menner as stated. FUNERAL I 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. IMPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 10/10 90 2 Varen 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print) DR. A. F. NAZEMI, M.D. CHURCH HOSPITAL 22. REGISTBAR'S SIGNATURE 31. DATE PILED (Month, Day, Year) - -

OHMH-16 Rev 1/89

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

436-16-0102

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give stre-

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LEE MATTHEWS

HOWARD COUNTY GENERAL HOSPITAL

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DIVISION OF VITAL RECORDS,

Pages 1, 2, 3 should DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY HOWARD COLUMBIA MARYLAND permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 9476 OLD DEEP COURT 21045 **burial-transit** after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 YES 2 XNO 1 Never Married 2 Marrie IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify. BY 3 Widowed 4 Divorced use as the COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only high (Give kind of work done life. Do NOT use retired.) mentary/Secondary (0-12) College (1-4 or 5+) detached for 12 CEMENT FINISHER 17. FATHER'S NAME (First, Middle, Last) FRANK MATTHEWS filled in by the funeral director, page 5 should be at PANELLA BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ICIE DORA MATTHEWS 9476 OLD DEEP COURT, COLUMBIA, MARYLAND 209. METHOD OF DISPOSITION eg 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20a. METHOD OF DISPOSITION

1 X Burlai 2 Cremation 3 Ram

4 Donation 5 Other (Specify) must oval from State ST. JOHN'S CEMETERY examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY 211 medical 23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heert failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final the cremation, disease or condition 203 TATR METASTATIC completely resulting in deeth) nted within event, DUE TO (OR AS A CONSEQUENCE OF): inia. matic MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 8 requires that the death Wenter Infury. PART II. Other algorificant conditions contributing to death but not recuiting in the underlying cause given in Part I. has been signed by Dept. of Health and 23 shows any ONGOSTIL PABUMONIA PHYSICIAN: OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) item FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State OTHER HOSPITAL: 1 WES 2 NO int 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 10 27. MANNER OF DEATH 26s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 28a. PLACE OF INJURY — A1 home, farm, street, factory, office building, stc. (Specify) 3 Suicide 60 6 Could not be determined ETED. 4 Homicide Item 28 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. COMPL HOSPITAL 2 MEDICAL EXAMINER: On 29b. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER TO THE BE 2 30. NAME AND ADDRESS OF WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FARKWA REGISTRAR'S SIGNATURE 1991

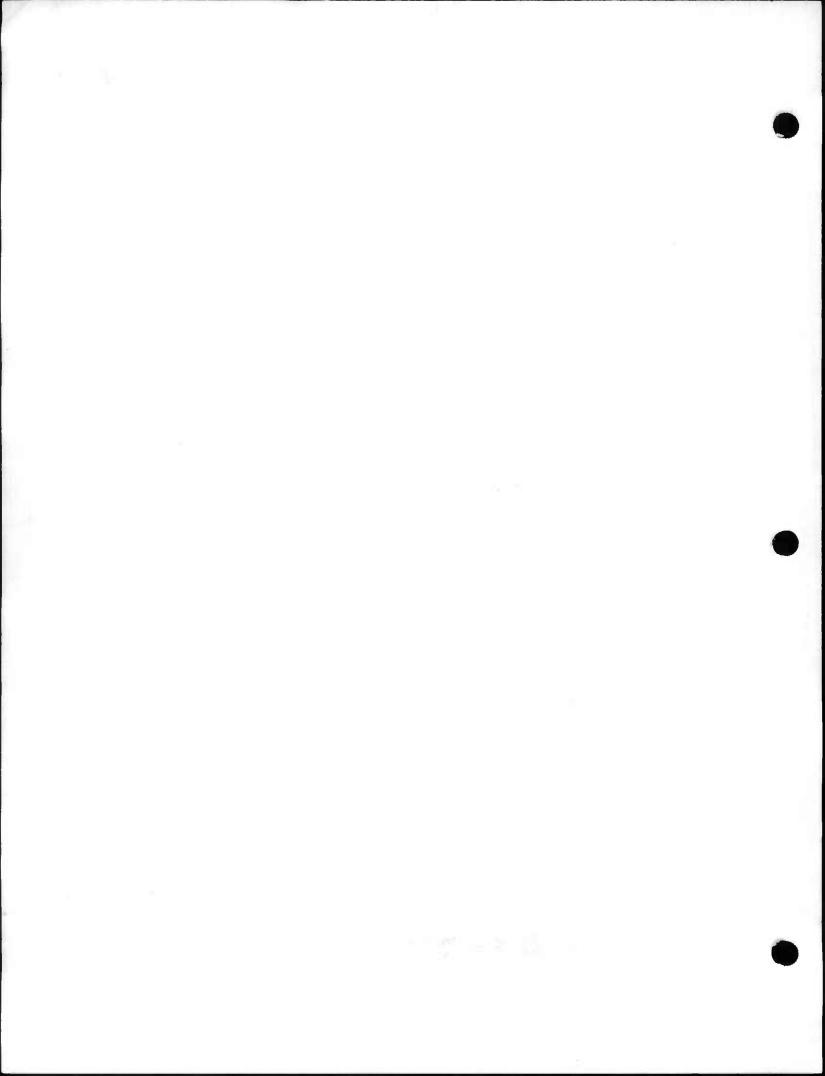
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6. AGE (In yrs. last birthday)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 10/13/90 3. TIME OF DEATH 90 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 4/4/98 LOUISIANA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF BEATH COLUMBIA HOWARD 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: BLACK 16b. KIND OF BUSINESS/INOUSTRY HIGHWAY CONSTRUCTION 18. MOTHER'S NAME (First, Middle, Maiden Surname) 20c. LOCATION — City or Town, State ELLICOTT CITY, MD. LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 21045 5555 TWIN KNOLLS ROAD, COLUMBIA, MD. Approximata Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ninstion and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29d. DATE SIGNED Month, Quy,

**DHMH-16 Rev 1/89** 



3. TIME OF DEATH

0610A m

ROBERT J. MARSHALL, Sr.

YEAR

90

REG. NO.

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2. DATE OF DEATH

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	why filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. PONTING

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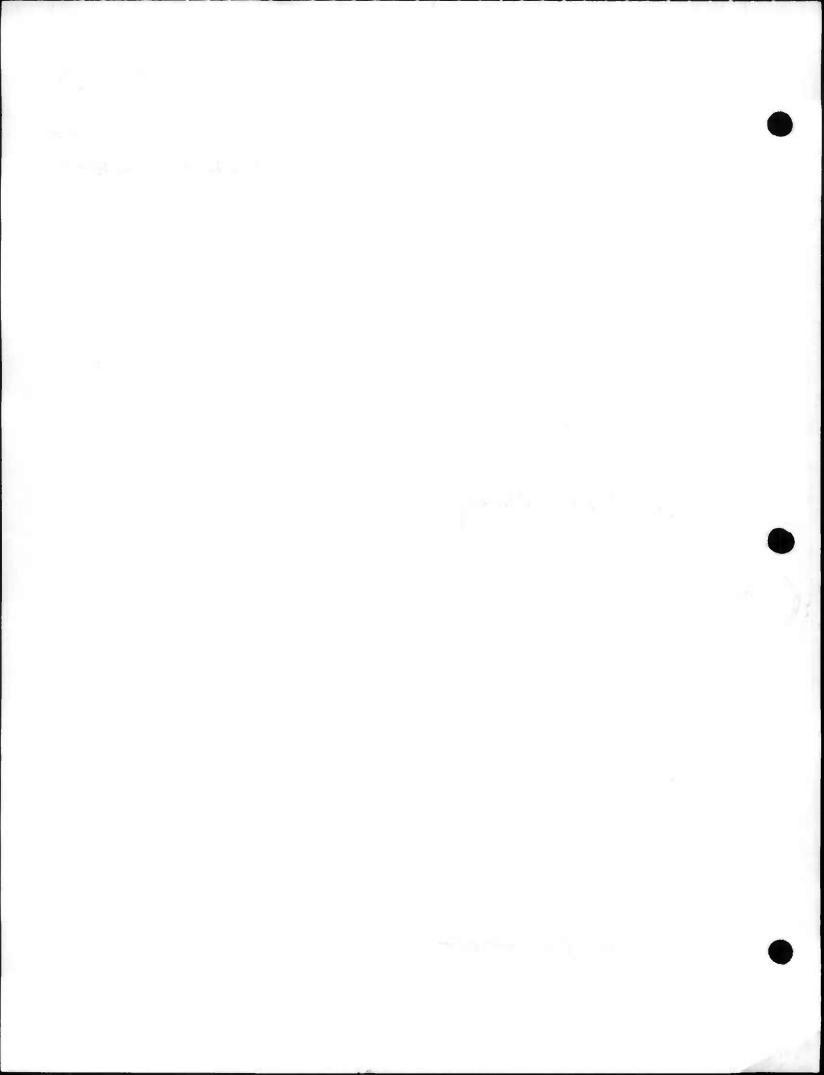
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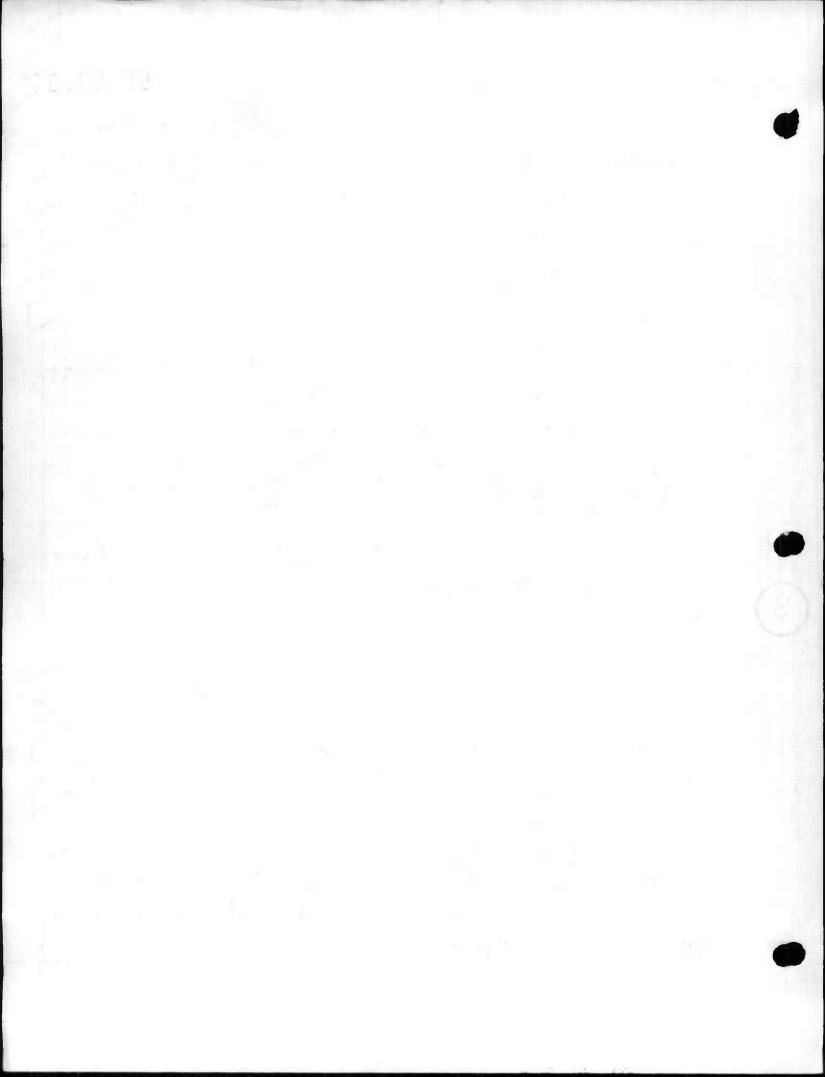
4 SOCIAL SECURITY NUMBER 5. SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 🛛 M 2 🗌 F 186-12-5750 67 YRS. Aug. 9, 1923 Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNION MEMORIAL HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 500 W. University Pkwy 21210 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, Whita, atc. 11. MARITAL STATUS 1 Never Married 2 Married 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade complete) Elamentary/Secondary (0-12) College (1-4 or 5+) 10 Owner Cash Register Repair 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumarne) Edwin S. Marshall Florence Fairman BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 500 W. University Pkwy, Baltimore, MD Naomi Marshall 20s. METHOD OF DISPOSITION
1 Display 2 Cremation 3 X Ramoval from State
4 Donation 5 (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stata Delaware Valley Crematory Upper Southampton. 22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME, INC. 21. SIGNATURE OF FURE MAL SERVICE LICENSEE 6009 Harford Rd., Baltimore, MD 23. BHT I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart fillure. List Dnly Dne cause on each line. interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition CARDIO PULMO NARY
DUE TO (OR AS A CONSEQUENCE OF): resulting in death) TCUTE PULMONARY CERTIFICATION Sequentielly liet conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): SCHAEMIC cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events recuiting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? MEDICAL LITIS 1 TYES 2 TO NO 1 YES 2 NO PERIPHER DISCASE PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? OTHER: 1 YES 2 NO 1 Sinpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 8 - Raaldenca 8 - Other (Specify) 27. MANNER OF OEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide G 6 Could not be determined 4 Homicide 29a. CERTIFIER 1 🐹 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL TO THE FUNERAL C be filed within 72 h IMPORTANT: If II 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, date and piece, and due to the cause(s) and menner as stated 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) K. Unayek mr Nilianka 90 N/A .10. 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 21218 Harotal The Union Memoria VINAYER NIHARIKA Julia Davidson Mondelle 31. DATE FILEO (Morith, Day, Year) OCT 1 5 1990



BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS P.O.

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	MONTH ON VEAT									3. TIME OF DEATH 4:30	Ам		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)				IF UNDER 1 YEAR IF UNDER 24 HRS.						THPLACE (State or Fore		
	213-44-0307	1 □ M 2 🖺 F	47	YRS.	MONTHS	DAYS	HOURE	MIN.	(Month, De	16, 1	Cou	ntrv1	ign .
		- 7	47										
ac l	9a. FACILITY NAME (if not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH			2.5	9c, COUNTY OF DEATH				
0	3022 Oak Green Cir.			Ellicott City				Howard					
Di l					Y, TOWN C	R LOCAT	ION				10d. INSIDE CITY		
BY FUNERAL DIRECTOR	Maryland Howard				Ellicott City					LIMITS? 1 ★ YES 2 □ NO			
A	10s. STREET AND NUMBER				101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
ER.	3022 Oak Green Cir.				21043			3		us	A		
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED				13. WAS DECENDENT OF HISPANIC ORIGIN?			NIC ORIGIN? (S	specify Yea or No— 14. RACE — American Indian, n, etc.) 14. RACE — American Indian, Black, White, etc.				
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	3 Widowed 4 Divorced						~~					White	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		CEDENT'S				ing.	16b, KIN	OF BUSIN	ESS/INDUSTRY		
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5	Hisa.	Do NOT u	work done during most of working use retired.)								
14 14	12	12 S			cretary			Joh	Johns Hopkins University				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAME (First, Middle,				ME (First, Middl	la, Maiden Su			
BE (	Edgar L. Perry	. Jr.					K	athl	een Fl	unn			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	Street a	nd Numbe	r or Rural i	Route Number, (	City or Town,	State, Zip Code)		
2	Hilary B. McCor	mack		13	144.	th S	t. A	pt.	202. 0	cean	Citu.	MD 21842	- 1
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO							TION — City or		
	1 (V Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Man		d Mai	nani	al D	anb		Pan	kville	MD	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	ROBERT C. ALTENBURG FUNERAL HOME, INC.												
	16009 HAZKOZA KA. BALLIMOZE. MD 21214												
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, ehock, or heart feliure. List only one ceuse on sech line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. pulmonum Cuncing matosis - tymphlang, his spend of blood  Due to (on as a conscouence of):  Cancing										ween		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury												
	that initiated eventa reaulting in death) LAST		,										
S		d											
MEDICAL	PART II. Other eignificant conditions contributing to death but not resulting					PER			PERFORM	ED3	AVAILABLE PRIOR TO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF I	DEATH (Ch	neck only one)				
Si	1 YES 2 NO		☐ ER/Outpatient 3	□ DOA	4 Nur		0 5 R	lesidence	6 Other (Sp	oecify)			
7	27. MANNER OF OEATH	26e. DATE O	F INJURY Day, Year)	26b. TIN	ME OF JURY	28c. INJ	URY AT		26d. DEŞCRI	BE HOW INJ	URY OCCURED		
ВУ	1 Natural 5 Pending Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,		М		YES 2	_ NO					
	a Pacificant				ome, farm, street, factory, offica		a 281, LOCATION City or Tow			(Street and Number or Rural Route Number,			
里	4 Homicide determined		, (),						Oily Gr ix	own, dianey			
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
8						nt, in my opinion, death occurse at the time, date and p			piace, and				
BE	206. SIGNATURAND TITLE OF CONTINUES MI-D.				29c. LICENSE NUMBER				29d. DATE SIGNED (Month, Dgl., Year)				
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETEO CAI	7	М 27) (Турч		h		60	C /	1/ 1/	1200	S) R.//	2120
	31. DATE FILED (Month, Day, Year)	3 STATEGISTA	NI CAM	7				-	, /	V, V	1042	11 10000	(120)
	NOT 1 = 100N 4	May Davidson	- Mandalle										



Elizabeth

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31. DATE FILED (Month Day, Year)

MARGARITA A. KORELL, MD

2

1 -

3. TIME OF DEATH

5:25PM

10d. INSIDE CITY LIMITS? XX YES 2 NO

14. RACE — American Indian, Black, White, etc.

BLACK

8. BIRTHPLACE (State or Foreign

N. CAROLINA
9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? USA

111 Penn Street, Baltimore, MD 21201

& SON FUNERAL HOME

and place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

RALTIMORE. MARYLAND

Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TESXX NO

2. DATE OF DEATH DAY

10-8-90

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS,

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1 Y	EAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLACE (State		
		243-07-7661D	1 🗆 M 2 💢 F	77	YRS.	MONTHS D	MYS	HOURS MIN.	- 1	Day, Year)		CAROL		
phould		9e. FACILITY NAME (If not institution, give				96. CITY, TO	O MWC	R LOCATION OF DE		/	9c. COUNTY			
co.	R	4049 Grantley R	oad (RE	SIDEN	CE)			Baltimor	e Ci	ty				
1, 2,	ਰ	RESIDENCE OF DECEDENT												
ages	DIRECTOR	10e, STATE 10b. COUN	TY		10c. CITY, TOWN OR LOCAT							10d, INSIDE (		
4		MARYLAND			BA	LTIMO	RE	CITY				XIX YES 2		
E	A	10e. STREET AND NUMBER					101.	ZIP CODE			10g. CITIZE	N OF WHAT COUNTR		
I. Insit	E	4009 GRANTLEY	ROAD					2121	.6		USA			
physician. burial-transit permit. Pages	FUNERAL	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S	S. ARMED			ENDENT OF HISPAN			or No- 14	. RACE — American Black, White, etc.		
Per per		1 Never Married 2 Merried   FORCES? 1 YES 2 NO   If yes, specify Cuben, Mexican, Puerto Rican, etc.) 3 Widowed 4 Divorced   I YES, GIVE WAR OR DATES   1 YES 2 NO   Specify:										Specify:		
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the hospit detached once.	A P													
detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					İ	16. MOTHER'S NA	ME (First, N	fiddle, Maiden	Surname)			
at de	BE	AUSTIN BASKE	RVILLE					ESTEI	LE 1	HURT				
5 should notified	0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AOORESS (S	Street e	nd Number or Rural I	Route Numb	er, City or Town	n, State, Zip C	ode)		
e 5 :	F	WALTER JOHNS	ON		1026	VICT	OR	Y STREE	T: 2	AKRON	· OHI	0		
Surs after death. Page 6 may be retained by the hospital or attending physician. If in by the funeral director, page 5 should be detached for use as the burial-tran or removal.  medical examiner must be notified at once.		20e. METHOD OF DISPOSITION 1 □ Burlel 2 □XCremetion 3 □ Re	mount trans State	20b. PL				netery, crematory or	2.0			y or Town, State		
ector, p		4 Donetion 5 Other (Specify)	moval from Statu			CREMA	TO	RY. TNC	•	BA	LTIMO	RE. MAE		
ter death. Page 6 m the funeral director, wal.		21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	1	1-0	22. NA	ME AN	D ADDRESS OF FA	CILITY					
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WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

Owens

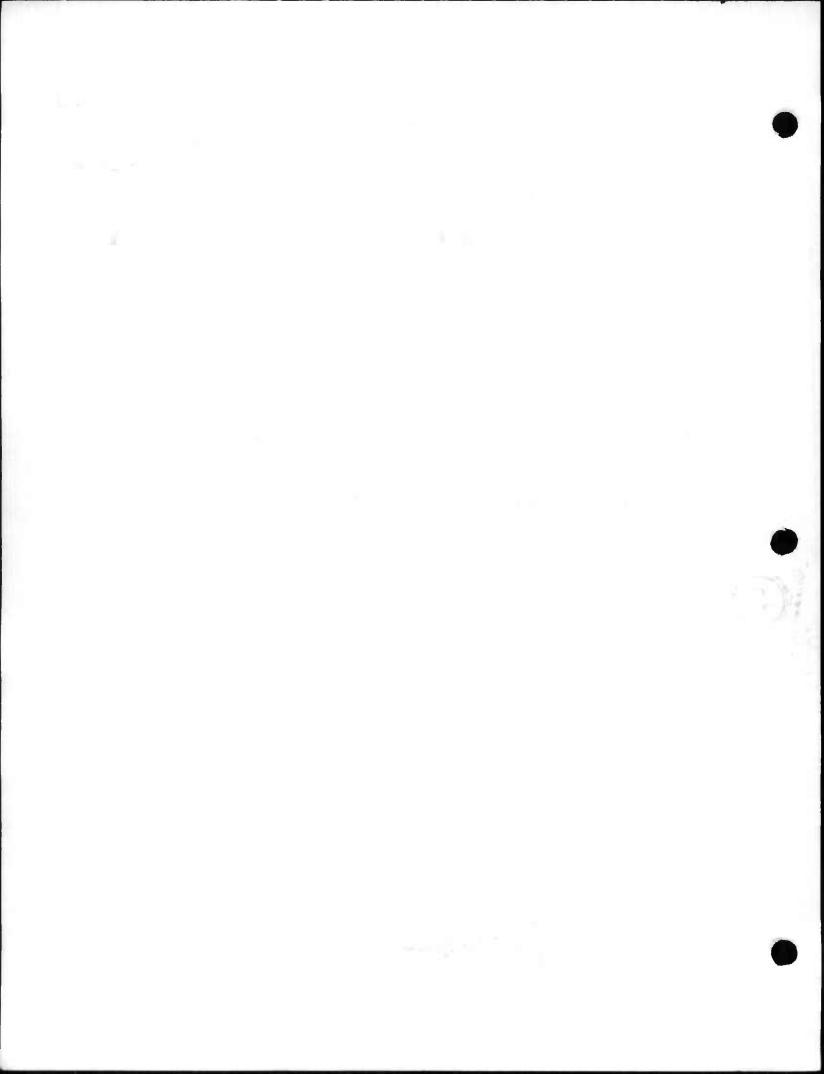
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certil in Le presun	0	9	
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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEP. CERT	ARTMENT OF H IFICATE OF	EALTH AND ME DEATH	NTAL HYGIENE REG. NO.	90	27988			
	1. DECEDENT'S NAME (First, Middle, Last) NORMA	R. PORTER	CER.		DATE OF DEATH DAY	1900	12:50 am			
	1/ 0070	SEX   6. AGE (In yrs. lest birthd)	MONTHS DAVE	HOURS MIN. A	PR 21, [9	Wary1	ce (State or Foreign			
es es	9a. FACILITY NAME (If not institution, give street  OTH Summiform	and number) Hospital	96. CITY, TOWN O	R LOCATION OF DEATH	9	e. COUNTY OF DEATH				
ן בַּן	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	Na	, INSIDE CITY							
DIRECTOR	MD BO	16	LIMITS?							
			Baldwin 101.	ZIP CODE	.10	0g. CITIZEN OF WHAT	-			
BY FUNERAL	13500 Mm	m Rd		21013		USA				
J.		FORCES? 1 YES 2 X NO		ENDENT OF HISPANIC ( acify Cuban, Mexican, P	ORIGIN? (Specify Yes or werto Rican, atc.)	No- 14. RACE - / Black, Wr	American Indian, nits, etc.			
3≺	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		2 X NO Specify:	,	Specify:				
	15. DECEDENT'S EDUCATION		T'S USUAL OCCUPATION	DN	186. KIND OF BUSINE	Whit	е			
COMPLETED	(Specify only highest grade con Elementary/Secondary (0-12)	(Give kind life. Do NC	of work done during mo: IT use retired.)	st of working	100					
길로	12	Homem	aker		Own Hom	ne				
S S	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	(First, Middle, Maiden Sur	mame)				
BE	Joseph P. Reynolds			Marion R						
2	19a. INFORMANT'S NAME (Type/Print)			nd Number or Rural Rout	e Number, City or Town, S	State, Zlp Code)				
TO BE COM	Marion Norman		e as #10		/16/9@bc. LOCAT	FION City or Town	Otato			
190	1 Buriel 2 Cremation 3 Memory 4 Donation 5 Other (Specify)	I/from State / Other Disce)		L Cemetery		ington, Va				
	21. SIGNATURE OF TUNERAL SERVICE LICENS		22. NAME AN	ID ADDRESS OF FACILI	TY		•			
examiner	> Karle &	lah X			neral Home					
000	23. PART I. Entar tha diseases, or com	indications that caused the death I			Towson, M		Approximata			
5	shock, or heart failure. Lie	t only one cause on each line.	o not antar the mo	de of dying, such s	s cardiac or reapirat	iory strest,	Interval Batween Onset and Death			
9	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Circulation According 4 days									
ent,	DUE TO (OR AS A CONSEQUENCE OF):									
Z	6.	Hypertermin								
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUENC	E OF):							
길	cause. Entar UNDERLYING CAUSE (Disassa or injury	DUE TO (OR AS A CONSEQUENC	F OF:				ļ			
CERTIFICATION	that initiated events reaulting in death) LAST									
	d									
ted, or item 23 shows any injury.  PHYSICIAN: MEDICAL C	PART II. Other significant conditions of	ontributing to death but not resulti	ng in the underlying	g cause given in Par	rt I. 24a. WAS AN AU PERFORME	ED? AWA	RE AUTOPSY FINDINGS MLABLE PRIOR TO			
D O					1 - YES 2	NO OF	MPLETION OF CAUSE DEATH?			
Me					-	10	YES 2 NO			
or item 23 shows any IYSICIAN: MEDIC,	25. WAS CASE REFERRED TO MEDICAL		26. PI	ACE OF DEATH (Check	only one)					
SICI		OSPITAL:	OTHER:	e 5 Residence 6	8	of Summer	ten Hom			
H G	27. MANNER OF DEATH	28s. DATE OF INJURY 28b.	TIME OF 28c. INJ	URY AT 28	d. DESCRIBE HOW INJU		11/1/1			
marked, BY PH	Natural 5 Pending 2 Accident investigation	(Month, Day, Year)		PRK? YES 2 NO						
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home, far building, atc. (Specify)	rm, atreet, factory, offic	28	Bf. LOCATION (Street and City or Town, State)	1 Number or Rural Route	Number,			
m 28 ETE	4 Homicide determined					***				
MPORTANT: IT ITEM 28 IS  D BE COMPLETED	const only	N: To the best of my knowledge, death oc On the basis of examination and/or investi-					d manner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER	7m, MD		29c. LICENSE NUMBE	ER 2	Ped. DATE SIGNED (Ma	rith, Day, Year)			
1	OLDERALA DO	COMPLETED CAUSE OF DEATH (ITEM 27)		TSP 5601	with Rav	mm Tslant	21239			
	31. DATE FILED (Month, Day, Year) OCT 1 5 1990	32 REGISTRAR'S SIGNATURE GULLA DAVIDON-RONDAR		1 - 1	,,,,,	77, 100000				



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	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for is	華	NT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DAVID P. MCCARRON

31. DATE FILEO (Month, Dey, Year)

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M.D.

mit. Pages 1, 2, 3 should

	FOR STATE REGISTRAR	STATE OF M	MARYLAND /		TMENT OF H			YGIEN EG. NO.		90	27989	
	1. DECEDENT'S NAME (First, Midd'S EU	der	Prev	ite	ca		2. OATE OF D	EATH 100	<b>Y</b> 1	990	3. TIME OF DEATH 1:18 p	
	4. SOCIAL SECURITY NUMBER  059-24-5669	6. SEX	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	M. June 2 1930 N			Country	LENTHPLACE (State or Foreign Country)  11ddletown Ny.	
TOR	96. FACILITY NAME (If not institution, give THE JOHNS HOPK:	INS HOSPI	TAL		BALTIM	DRE CI	ľÝ'		BAL	TIMO	ŘĚ CITY	
DIRECTOR	10e. STATE 10b. COUNT	v usia			y, town or local						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	901 Wayne Ave.				10	32168				S.A	HAT COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed XX Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.X. WRI I YES 2 N MAR OR DATES	MED O	II yes, sp	endent of Hispai ecity Suben, Mexico 2 NO Specif	en, Puerto Ricar		or No—	14. RACE Black Specif	— American Indien, White, atc. DILE	
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		(Gh	ve kind of Do NOT u	USUAL OCCUPATION work done during mose retired.)		16b. KIN		SINESS/IND		1	
	17. FATHER'S NAME (First, Middle, Last)	Canadan		Mor	nitor	18. MOTHER'S NA	Section - sen	, Meiden	V. C. U.S.	choo		
TO BE	19a. INFORMANT'S NAME (Ty (STO'n.)	Studer			Section 16.	and Number or Bural		ity or Tow	n, State, Zip			
	Harold E. Tal  20sc AMSTHOD OF DISPOSITION 1 1 90 riel 2   Cremation 3   Rei 4   Donetion 6   Other (Specify)	madge novel from State	20b. PLACE other pla	OF OISPO	SITION (Name of ce		brook_	20c. LO	125 cation — ddlet	City or To		
	21. SIGNATURE OF FUNERAL SERVICE L	MILLA			22. NAME A	ND ADDRESS OF FA		ste	rn Av	e.Ba	1to.Md.2123	
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one ca	use on each line		not anter the mo						Approximata Interval Between Onset and Death	
N.	resulting in death)	BREAS		WI	TH MET	ASTASE	S 70	L	IVER		4 years	
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	O (OR AS A CONSEC	DUENCE O	DF):							
CERT	resulting in death) LAST	d										
PHYSICIAN: MEDICAL	CONGESTIVE DIABETES	HEART MELLITI	FAILUR	_	in the underlyin	g cause given in		PERFO		240.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
AN: N	25. WAS CASE REFERRED TO MEDICAL				28 0	LACE OF DEATH (C	heck only one)					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	ne 5 - Residence		ecify)				
BY PH	27. MANNER OF DEATH  26a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  1 Natural 5 Pending Investigation  2 Accident Investigation						26d. DESCRI	BE HOW	INJURY OC	CUREO		
	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE	OF INJURY — At ho i, etc. (Specify)	me, ferm,	street, factory, offi	De .	281. LOCATIO	ON (Street own, State		r or Rural F	loute Number,	
COMPLETED	290. CERTIFIER (Check only one) 2 MEDICAL EXAMI										) end manner se stated.	
TO BE CO	29% SIGNATURE AND TITLE OF CERTIF	1º C.	- un	D DE	NTERN INC EPT. INT HE	12	070		29d. DAT	E SIGNEO	(Month, Day, Year)	
-	30. NAME AND ADDRESS OF PERSON V	THO COMPLETED CAL	JOE OF DEATH (ITE	m 27) (Typ	e, Print) JH	U DEPT.	INT. ME	:D				

21205

N M.D. 1830 E. MONUMENT ST., BALTO. MD
32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

 BALTIMORE, MARYLAND 21203-3146

<b>a</b>	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the down confirm to encular within Surs after	T by th	remova	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other transfile event, the medical	ľ
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DIVISION OF VITAL RECORDS, P.O. BOX 13146	P	8	Hill.	die e	ŀ
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31. DATE FILED (Month, Day Joy)

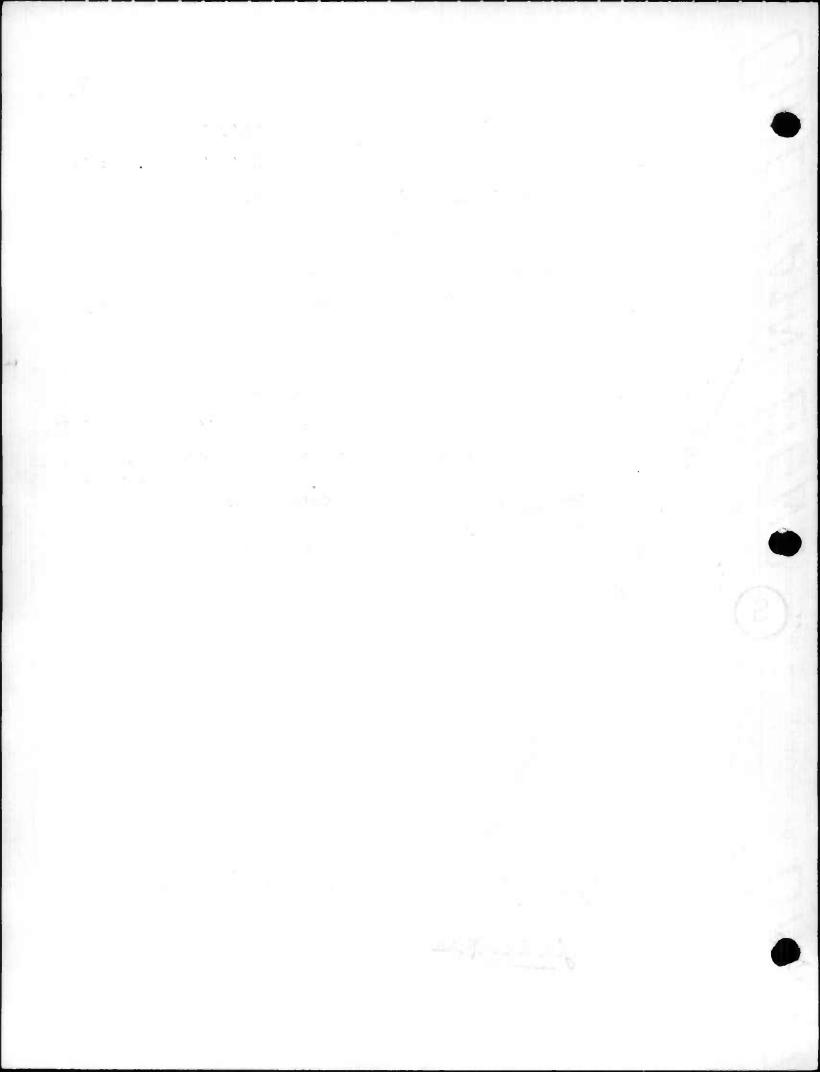
90 27990 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 10/11/90 Sarah Pennington 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. (Month, Pay, Year) 12/22/29 1 M 2 X F 213-28-0358 60 YRS. Carolina 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1913 Walbrook Avenue (Residence Baltimore City RESIDENCE OF DECEDENT 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 1913 Walbrook Avenue 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No 14. RACE — American Indien, Black, White, atc. F YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 1 Never Married 2 Married 1 TES 2 X NO Specify. Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Henry Lewis Maud Decie Lewis BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Walbrook Avenue Cynthia Pennington 1913 Baltimore, MD 20e. METHOD OF DISPOSITION
1 The Burlet 2 Cremetton 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, crematory or 20c. LOCATION — City or Town, State Western Star Cemetery Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Leroy O. Dyett & Son Funeral Home 4600 Liberty Heights Avenue 23. PART Is filer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final ung Carcinoma 9 disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY Investigation 2 Accident 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED determined 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, 29b. BIGNATURE AND TITLE-OF CERTIFIES 29c. LICENSE NUMBER

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2. REGISTRAR'S SIGNATURE

30 MAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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DIVISION OF VITAL RECORDS, P.O. BOTTON 46,

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31. DATE FICED (Month, Days, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centraline personal within 2 mounts after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending the extending the properties of the funeral director, page 5 should be detach	be filed within 72 hours after death with the State Dept, or Hearth and Merija Hyperentic event, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other meaning event, the medical examiner must be notified at once.
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	Dept.	o marile
death carri	e attending	ury, or ell
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L OR ATTE	DIRECTO	Hours after Hern 28
THE HOSPITAL	THE FUNERAL	filed within 72 PORTANT: If

											9	0	27	1991
•	FOR STATE REGISTRAR	STATE OF M	IARYLAND / Ce				EALTH A			HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)  Lar:	cy	D.			Qui	nn		2. DATE OF MONTH	DA	AY	YEAR		:05PM M
1	4. SOCIAL SECURITY NUMBER 006 34 4045	5, SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAY8	IF UNDER 24	MIN.	(Month, Day, Year)		Count	HPLACE	(State or Foreign	
z I	9a. FACILITY NAME (If not institution, give at 8409 Bella Vista						R LOCATION	OF DEA	TH	,	9c. COU	INTY OF (	DEATH	C-
DIMECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CITY	Fort Washington Prince Georg							NSIDE CITY		
- 18	Maryland Princ	e George	S	F	ort	-	ingto	n			100 CIT	17EN 0E	1 🗆	JMITS? YES 2 X NO OUNTRY?
FUNERAL	8409 Bella Vis			20	744					U	.S.	١.		
à I	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N		H	yes, spe	ENDENT OF ecify Cuben, 2X NO		, Puarto Ric		or No—	Blac Spec	ck, White	nerican Indian, a, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elamentary/Secondary (0-12)		(Gi	CEDENT'S ve kind of w Do NOT us	vork done d e retired.)	luring mo	st of working		100.11	S.N		sear		
- 1	17. FATHER'S NAME (First, Middle, Last)  James Quinn				-		18. MOTHE		E (First, Mid ette				_	
TO BE	19a. INFORMANT'S NAME (Type/Print) Harriette Hurley	(Mother)	198				nd Number of					10 Code) 4963		
	20a. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE other pla	ice)	LI COLOR			tory or			whega			
	21. SIONATURE OF FUNERAL SERVICE LIC	CENSEE		1		Cap	io ADDRESS	Fun	eral	Serv			•	
	23. PART i. Enter the disessee, or ehock, or heert feliure.  IMMEDIATE CAUSE (Finei disesse or condition resulting in death)	List only ons cou		LUM		-					iratory e	rreet,		Approximate Intarval Between Onset and Death
RTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Disse DUE TO	Cting th	OTAC DUENCE OF	ic ad	orti	c ane	eury	sm		_			
CER	resulting in dasth) LAST	d												
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to	Coastn but not r	esuiting	in the un	ideriyin	g cause gr	ven in i		YES	RMED?	24	COMI OF D	AUTOPSY FINDINGS ABLE PRIOR TO ALETION OF CAUSE EATH?  YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 12XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHER	<b>1</b> :	ACE OF DE			Pacalhal				
BY PHYS	27. MANNER OF DEATH  1 Watural 5 Pending 2 Accident Investigation	28a. DATE Of	INJURY	28b. TIM	- T	28c. IN.	URY AT ORK?			RIBE HOW	INJURY O	CCURED		
							er or Rura	l Route l	lumber,					
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best o					46-18-2						e(a) and	menner as stated.
B	29b. SIGNATURE AND TITLE OF CERTIFIE	light					29c. LICEN	NSE NUM	IBER			10-1		h, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)							V						

e registrar's signature

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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transment event, the medical examiner must be notitied at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific e be presented within zerriours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending procide Accordance for the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process of the process
	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transect event, the medical examiner must be notified at once.

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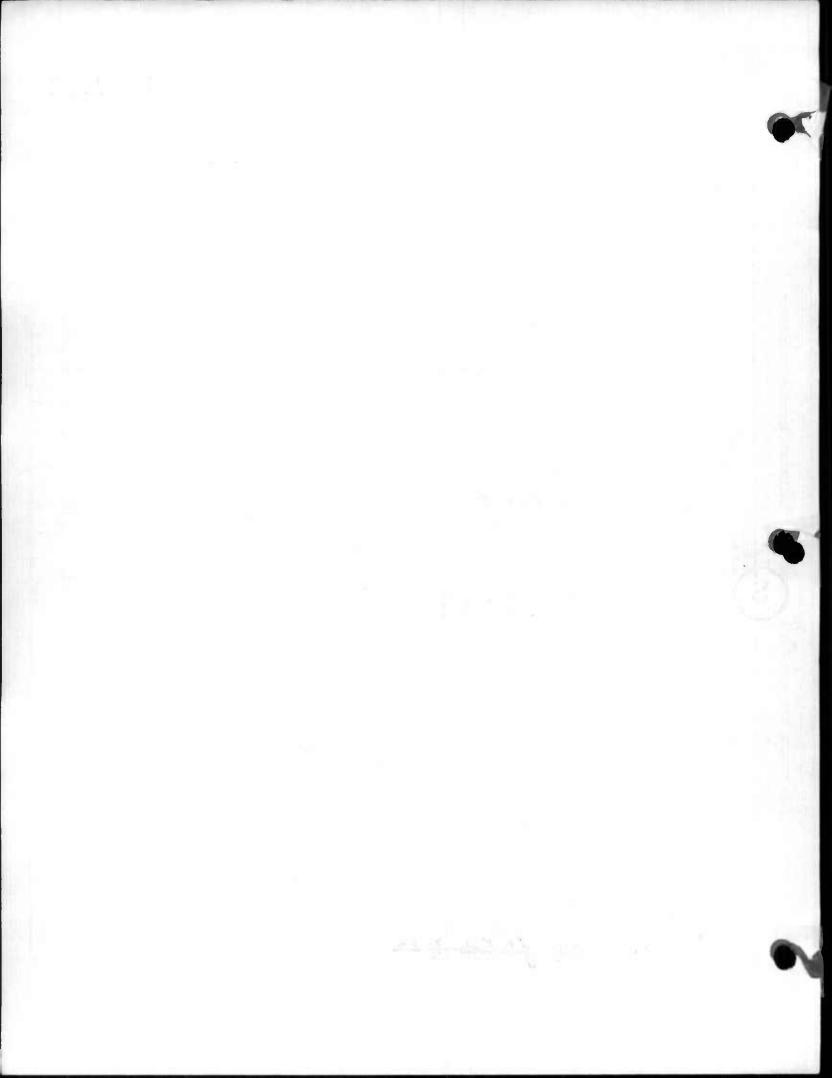
	FOR STATE REGISTRAR		STATE OF	MARYLAND	/ DEPAI	RTMENT	OF I	HEALTH DEA	AND I		HYGIEN REG. NO.	_	0	279	992	
	1. DECEDENT'S NAME (First ELSIE R	i, Middle, Lest) EICHEL	T							2. DATE OF	OEATH I	3 9	) VEAR	3. TIME OF 1:15		
	4. SOCIAL SECURITY NUM 217-09-92		5. SEX 1  M 2)()(F	8. AGE (In yrs. 85	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04-06-05			8. BIRTHPLACE (State or Foreign Country) MARYLAND		n	
OB	9a. FACILITY NAME (# not to 1597 COLO	NY ROA					ADE	OR LOCAT	ION OF DE	EATH			NE AI	eath RUNDEI		
DIRECTOR	PESIDENCE OF DEC	10b. COUNT	E ARUNDE	L		PASAD			78				10d. INSIDI	7		
FUNERAL	100. STREET AND NUMBER 1597 COLO		D				10	211					ZEN OF V	WHAT COUNT		
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive			NT EVER IN U.S. I YES 2 WAR OR DATES		13. WAS OECENDENT OF HISPANIC OR If yes, specify Cuban, Mexican, Pua 1 YES 2 NO Specify:					or No—	14. RACE Black Spec WHI	E — America k, White, etc.	n Indian,		
8	15. DEC (Specify on	EDENT'S EDU	JCATION le completed)	16a,	OECEDENT'S	work done o	CUPATI during m	ION lost of work	ina	16b. KI	ND OF BUS	SINESS/INC	USTRY			_
COMPLET	Elementary/Secondary (	0-12)	College (1-4 or 5		ille. Do NOT L IOMEMA					OF	IN HO	ME				
OME	17. FATHER'S NAME (First, A	fiddle, Last)		1	IOFIEFIA	KEK	-	18 MOT	HER'S NA	ME (First, Mide						
		DSON							NIE	DODS		Out neither)				
) BE	19a. INFORMANT'S NAME (	Type/Print)			19b. MAILING	3 ADDRESS	(Street	and Numbe	or or Aural	Route Number,	City or Town	n, State, Zip	Code)	-		_
2	JOYCE DeTH	OMAS			7812	CARI	SSA	LAN	E L	AUREL,	MD	2070	7			
	20a. METHOD OF DISPOSITION  1 M Burial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, crematory or other place)  MEADOWRIDGE MEMORIAL PARK  DORSEY, MD //															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228  23. PART I. Inter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,   Approximates															
	23. FART I. Enter the dehock, or himmediate cause (Fi disease or condition resulting in desth)	naert failure.	a. April	caused that use on each (	long	sai	the m	ode of dy	oll	the cordian	or respi	uff	rest,	Appr	oximats val Betw et and D	100
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. Confesture Heart Laulure  DUE TO (or AS A CONSEQUENCE OF):  DUE TO (or AS A CONSEQUENCE OF):															
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO OF DEATH?  1 YES 2 OF DEATH?										PRIOR TO N OF CAU					
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		PLACE OF	DEATH (Ch	eck only one)						
BY PHYS	1   YES 2   NO   1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence    27. MANNER OF DEATH   28a. DATE OF INJURY   28b. TIME OF INJURY   WORK?   1   YES 2   NO    28a. DATE OF INJURY   28b. TIME OF INJURY   WORK?   1   YES 2   NO    28b. TIME OF INJURY   WORK?   1   YES 2   NO   NO   NO   NO   NO   NO   NO								6 Other (S		NJURY OC	CURED				
	1 280. PLACE OF INJURY — At home form eleval factory office 1 201 I OCATION (Compt and At-								end Numbe	or Rural i	Route Numbe	τ,				
COMPLETED	29a. CERTIFIER (Check only One)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  20 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.															
TO BE C	296. SIGNATURE AND INTL	W	Bow	um	P				206			29d. DAT	E SIGNED	(Month, Day	70	

32. REGISTHAR'S SIGNATURE
Suna Davidson-Rondatte

DHMH-16 Rev 1/89

21210

Bacto MD



FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIF	ICATE	OF DEAT	Н	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	DAY	3. TIME OF DEATH	
	Anton J.	ROCKER					October	10, 1	.990 10:00 р.т. м	
	4. SOCIAL SECURITY NUMBER 216-05-1355	5. SEX 6. A	75 YRS.		EAR IF UNDER :	MIN.	7. DATE OF BIRTH	)	e. BIRTHPLACE (State or Foreign Country) Maryland	
OR	9a. FACILITY NAME (If not institution, give Franklin Squar			PL CITY, TOWN OR LOCATION OF DEATH ROSSVIlle					nty of DEATH timore	
딦	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	ry	10c, Cr	ry, town or i	LOCATION			10d. INSIDE CITY LIMITS?		
DIRECTOR		imore		0ve	erlea			1		
VERAL	14 Councilman				2120			10g. CITIZEN OF WHAT C		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 TMarried 3 Wildowed 4 Divorced	ER IN U.S. ARMED YES 2 NO OR DATES	If y		ı, Mexican	C ORIGIN? (Specify , Puerto Rican, etc.)	t4. RACE — American Indian, Black, White, etc. Specify: White			
Ö	15. DECEDENT'S EDI (Specify only highest gred		16a. DECEDENT'S		JPATION ing most of working	a	16b. KIND OF	BUSINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	Forem	ise retired.)			Heatir	or & A	ir Cond. Co.	
COMPLETED	9 years		101011	ICAL I	1				,11 Jona: Jo.	
00	17. FATHER'S NAME (First, Middle, Lest)  Albert Rocker				18. MOTH		ne (First, Middle, Mak inia Yand			
BE (	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (S	Street and Number	or Rural R	oute Number, City or	lown, State, Z	ip Code)	
2	Ada J. Rocker		14	Counci	ilman Av	renue	e Baltin	ore,	Md. 21206	
	20a. METHOD OF DISPOSITION 1 ☐ Burlai 2☐(Cremation 3 ☐ Res	moval from State	other place) Metro	SITION (Name	of cemetery, crem	atory or			- City or Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metro C					TTIMO	re, Maryland	
	Lassahn Funeral Home									
									Maryland 21236	
	23. PARTA. Enter the diseases, or shock, or heart fellure	complications that ca List only one ceuse		not enter th	e mode of dyl	ng, such	as cerdiac or re	spiratory a	rrest, Approximate Interval Between	
	IMMEDIATE CAUSE (Final disease or condition Department of Adenocarcinoma either Metastatic									
See Se	s. Poorly Differentiated Adenocar Chroma, etcher ricustation									
	_	ь Pneumoni		OF):		ver	ses Prim	ary		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE							
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F	that initiated events resulting in death) LAST	Hypoxia	AS A CONSEQUENCE	OF):						
E		d. Hypoxia		_						
AL.	PART II. Other significent condition	ons contributing to dea	ath but not resulting	in the unde	erlying cause g	iven in l		AN AUTOPSY	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL							1 YES	2 NO	COMPLETION OF CAUSE OF DEATH?	
M							_		1 TYES 2 NO	
N.										
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutpatient 3 □ DOA	OTHER:	26. PLACE OF D					
H	27, MANNER OF OEATH	26a. OATE OF INJ	URY 28b, Ti	ME OF 2	Sc. INJURY AT	sidence	8 Other (Specify)  28d. DE\$CRIBE HC	W INJURY O	CCURED	
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day, 1	(bar)	IJURY M	WORK?	] NO				
	A 🗆 A 1914	3 Suicide 6 Could not be building, etc. (Specify)					28f. LOCATION (Str City or Town, S		er or Rural Route Number,	
Significance   Specify   State      City or Nown, State										
BE	296. SIGNATURE AND TITLE OF CERTIFIC	nelusin	n		29c. LICI	ENSE NUM	BER	29d. D/	ATE SIGNED (Month, Day, Year)  16-10-90	
5	30. NAME AND ADDRESS OF PERSONAL Simone Lapidus	VHO COMPLETED CAUSE O	OF DEATH (ITEM 27) (%	n Squa	re Driv	ve, E	Baltimore	, Mar		
	31. DATE FILED (Month, Dey, Year)  OCT 1 5 1990	PEGISTBAR'S	SIGNATURE							

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> Rossville Franklin Square Hospital

Overlea Maryland Baltimore

USA 21206 14 Councilman Avenue

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Healthy & Air Cond. Co. Foreman 9 years

Tinia Yanda Albert Rocker

Ada J. Rocker 14 Councilman Avenue Baltimore, Md. 21206

XX Baltimore, Maryland Metro Crematory Inc.

Lassahn Funeral Home

7401 Belair Rd. Paltimore, Maryland 21256

XX

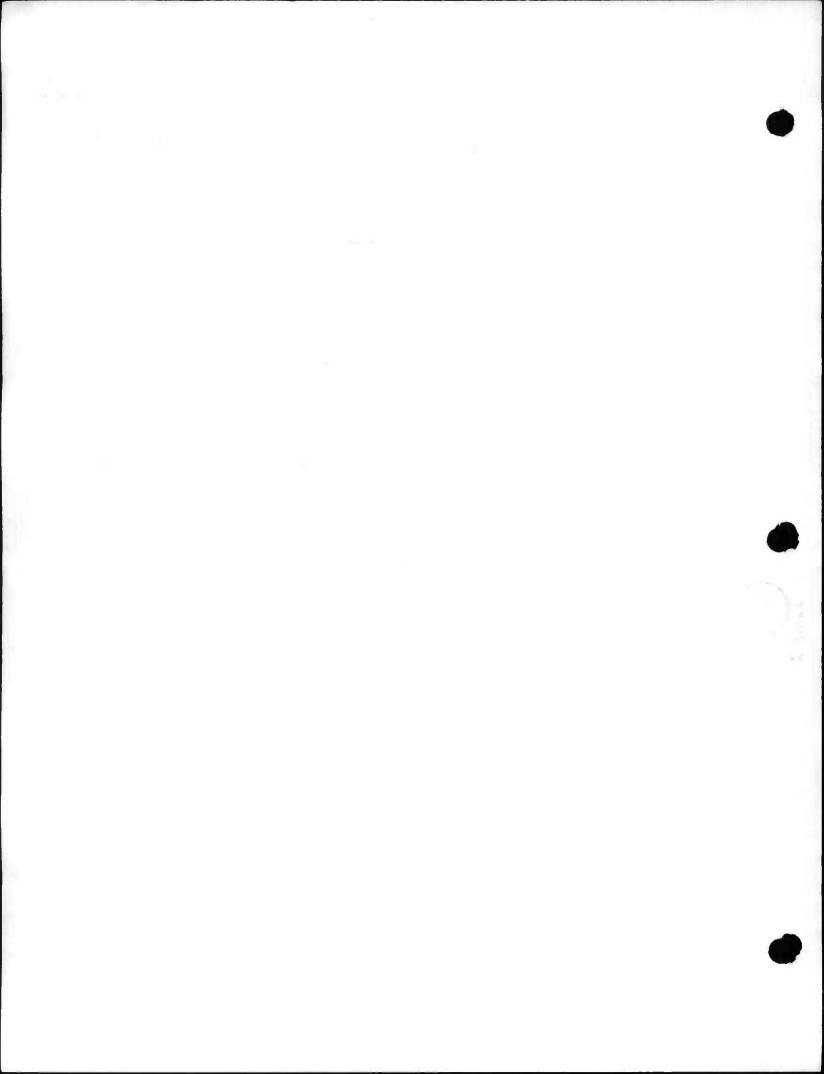
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the gaith connection	FUNEF	within
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	FOR 1 - STATE REGISTRAR		STATE OF M	MARYLAND /	DEPAF ERTIF						REG. NO.	E .	30	279	194
	1. DECEDENT'S NAME (First, M	Middle, Lest) Robej	rt.	٧.			Rus	k		MONT	OF DEATH DA	NY .	YEAR	3. TIME OF DE	
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER		,	R 24 HRS.	7. DATE	OF BIRTH	T	8. BIRTH	PLACE (State or	
	228 54 4882		1√2 M 2 □ F		477s.	MONTHS	DAYS	HOURS	MIN.	(Mont	n, Day, Year)		Countr	shinat	
	9a. FACILITY NAME (If not insti	titution, give si		-	7.	9b. CITY	r, TOWN C	R LOCAT	ION OF DE			9c. COUN			July
DIRECTOR	Suburban Hos		1				Beth	esda				Mont	gome	ery Cou	inty
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	15. DECEC	DENT'S EDU	CATION	18e. Di	ECEDENT'S	USUAL O	CCUPATIO	DN .		161	. KIND OF BUS	INESS/INDL			
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COMPLETED	17. FATHER'S NAME (First, Midd	7/1	(2.1)					V	HER'S NA		Middle, Malden				
BE	Robert Vinto		k					I	Elain	e Te	enny				
10	190. INFORMANT'S NAME (Typ			16				and Numbe	or or Rural I	Poute Nun	nber, City or Town	n, State, Zip	Code)		
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	20e. METHOD OF DISPOSITIO  1 Burlel 2 Cremetion	n 3 🗆 Rem	20b. PLACE other p	lace)							CATION — C				
	4 Donation 5 Other (S		_ Met	ropol				ESS OF FA	CILITY	I ALE	xandr	ria,	Va.		
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-	resulting in death)	7	a	OR AS A CONSE										<u> </u>	
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING														
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2	30. NAME AND ADDRESS OF	PERSON WI	10 COMPLETED CAI	JSE OF DEATH (IT	EM 27) (Tyr.	oe, Print)			CME				10-1	0-30	
	DONALD WRIG						Stre	et.F	Balti	more	e,MD 21	201			VC
	31. DATE FILED (Month, Day, Y			AR'S SIGNATURE					- va t- L						

32. REGISTRAR'S SIGNATURE
Suna Savidson-Rondall

OCT 1 5 1990

DHMH-16 Rev 1/89



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numers of the control of eccuracy within 24. As after of the the completely filled in by the control when the completely filled in by the control when the control of companion, or removal.	AL CERTIFICATION	23. PART I. Enter the dependency of the sease or condition resulting in death)  Sequentially list condition in the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease of the sease o	tions, diate line c	DUE TO (OR AS A	A CONSI					
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TO THE HOSPITAL OR ATTEN TO THE FUNERAL DIRECTOR Se filed within 72 hours after MPORTANT: If tem 28	BE COMPLETE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of examination of the basis of the basis of examination of the basis of examination of the basis of examination of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis of the basis o								
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1 - FOR STATE REGISTRAR

90 27995 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

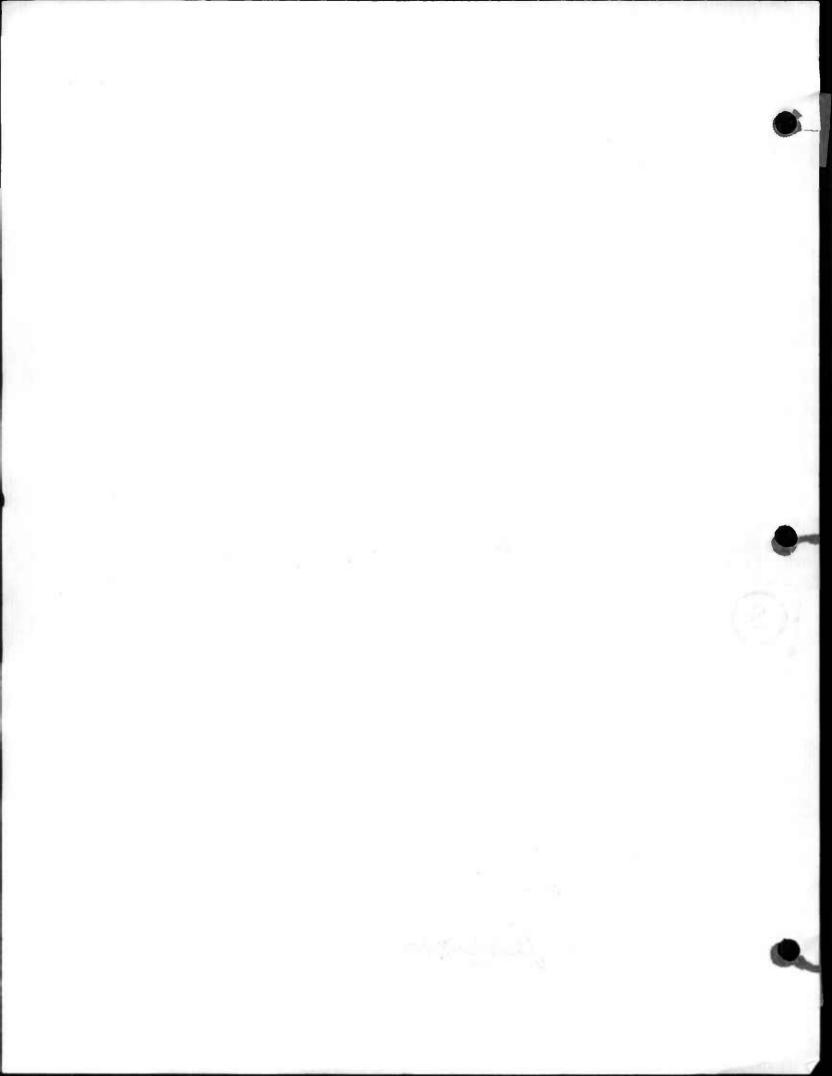
	1. DECEDENT'S NAME (First, Middle, Last)  George Edwar	ed Seaton	gr.			2. DATE OF DEATH MONTH	Y 90°	3. TIME OF DEATH  3:07 A. M			
	0.7 10 0000	SEX 6. AGE (In 7)	YRS. WONT	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry) Md.			
TOR	90. FACILITY NAME (If not institution, give street 7044 Eastbrook A RESIDENCE OF DECEDENT		9b.		LOCATION OF DE	ATH	Bal	timo re			
DIRECTOR	10a. STATE 10b. COUNTY	timone		WN OR LOCATIO				10d, INSIDE CITY LIMITS? 1 YES 2 KNO			
FUNERAL	100. STREET AND NUMBER 7033 East Baltimon	e Street		101.	101. ZIP CODE 10g. CITIZEN OF WHAT CO U.S.A.						
B≺	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, spec		IIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		14. RACE — American Indian, Black, White, atc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elementary/Secondary (0-12)		Ga. DECEDENT'S USUJ (Give kind of work of life. Do NOT use retir Foreman	done during most ired.)	of working		16b. KIND OF BUSINESS/INDUSTRY  American Smelting				
BE COM	17. FATHER'S NAME (First, Micolo, Last)  George Edward Sea	ton Sn.		ME (First, Middle, Maiden Herrietta		lo					
TO B	10s INFORMANT'S NAME (Time/Drint) 10s Mail ING ADDRESS (Street and Number of Buret Number Church State Tim Code)										
	202 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation 6 Other (Specify)		PLACE OF DISPOSITION Other place) Oak		metery or	cation — City or Town, Stata studed, Md.					
	21. SIGNATURE OF FUNERAL SERVICE LICENS	D. Zeile	~	Charle	S. Ze	iler & Son	Inc.	5224 Fastern Ave.			
CERTIFICATION	shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  Interval Betwee Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset										
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BY PHYSICIAN	27. MANNER OF DEATH  1   Natural 5   Pending 2   Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	F 28c. INJL WOI	RY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED			
	2 Accident investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY - building, etc. (Specif	– Al home, farm, street	t, factory, office		26f. LOCATION (Street City or Town, State	and Number or R	tural Route Number,			
COMPLETED	CONDUCTOR OTHY	N: To the best of my knowle On the basis of axamination						suse(s) and manner as stated.			
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	A.A.		I	29c. LICENSE NU	MBER	29d. DATE 84	SNED (Month, Day, Year)			
TO B	Weeker Hour	m (4)			D135 SI	6	10	15 190			
-	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	nt)							
	31. DATE FILED (Month, Day, Tear)	STREGIST PAR'S SIGNA	Mande 12								

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DIVISION OF VITAL RECORDS, P.O. Pox. 13146, BALTIMORE, MARYLAND 21203-3146  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of tificate be excuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNEAL DIRECTOR: After this certified by the attending flooring and completely filled in by the funestal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours and within the State Dept. of Health and Permai Hypere prior to give the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Med) OCT 1 5 1990

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PICTURE OF DEATH REG. NO.									
	1. DECEOENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH 10/10/90 3. TIME OF DEATH MONTH DAY LEAR									
	LOULILE III DETI ENT									
	4. SOCIAL SECURITY NUMBER  5. SEX  8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 17. DATE OF BIRTH (Month, Day, Year) O2/09/30  1 X M 2 D F 60 YRS. ON THE NUMBER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 YEAR IF									
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF CEATH									
TOR	Carroll County General Hospital Westminster Carroll									
DIRECTOR	106. STATE   106. COUNTY   106. CITY, TOWN OR LOCATION   106. INSIDE CITY LIMITS?   1 ₺ YES 2 □ NO									
FUNERAL	10e. STREET AND NUMBER10f. ZIP COOE10g. CITIZEN OF WHAT COUNTRY?708 Arundel Place21401U.S.									
B	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 Never Married 2 Merried  1 Never Married 2 Merried  1 VES 2 NO If YES, GIVE WAR OR DATES  13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)  14. RACE — American Indien, Black, White, etc. Specify:  15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)  16. RACE — American Indien, Black, White, etc. Specify:  17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Mexican, Puerto Rican, etc.)									
COMPLETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  J. VD.C  CO.D. A. C.C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. O.D. VD.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A. C.C. D. A									
₩ M	4 YRS. C.P.A. SELF EMPLOYED ACCOUNTANT									
ш	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Melden Surname)									
198. INFORMANT'S NAME (Type/Print) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
20a. METHOD OF DISPOSITION  1										
	21. SIGNATURE OF FUNERAL SERVICE UCENTIE  22. NAME AND ADORESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228									
	23 PART (. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fellure. List only are caused on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Approximats interval Between Onset and Death									
N	The rosde vale Cadeda Cale Line									
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST									
_	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS									
DICAL	PERFORMED?  1 VES 2 NO COMPLETION OF CAUSE OF DEATH?									
PHYSICIAN: MEDICAL	1 □ YES 2 😿 NO									
N N	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one)									
Sic	EXAMINER?  HOSPITAL:  OTHER:  I   Inpetient 2   ER/Outpetient 3   OOA   4   Nursing Home 5   Residence 5   Other (Specify)									
	27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. TIME OF INJURY WORK?  1 Pending  28. INJURY AT WORK?  1 VES 2 NO									
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
COMPLETED	28s. CERTIFIER  CONTINUED PHYSICIAL Is no best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  CONTINUED ON THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL INCOME. THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYSICIAL IS NOT THE PHYS									
품(	29c. LICENSE NUMBER D05905  29d. DATE SIGNED (Month, Day, Year)  10/11/90									
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DIVISION OF VITAL RECORDS, P. OF BOX 13146, BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2

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he law requires that the dear	e has been signed by the and	e Dept. of Health and Menter	m 23 shows any injury, or
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AN: The law requires that the dead	ificate has been signed by the and	State Dept. of Health and Mental	r Item 23 shows any injury, or
CIAN: The law requires that the dead	ertificate has been signed by the and	the State Dept. of Health and Mental	or Item 23 shows any injury, or
rSICIAN: The law requires that the dear	certificate has been signed by the and	th the State Dept. of Health and Mental	d, or Item 23 shows any injury, or
HYSICIAN: The law requires that the dead	his certificate has been signed by the and	with the State Dept. of Health and Mental	ked, or item 23 shows any injury, or
PHYSICIAN: The law requires that the demi-	r this certificate has been signed by the and	th with the State Dept. of Health and Menter	arked, or Item 23 shows any injury, or
ING PHYSICIAN; The law requires that the demi-	fler this certificate has been signed by the and	eath with the State Dept. of Health and Mente	marked, or item 23 shows any injury, or
IDING PHYSICIAN: The law requires that the demi-	: After this certificate has been signed by the and	death with the State Dept. of Health and Mente	is marked, or item 23 shows any injury, or
ENDING PHYSICIAN; The law requires that the demi-	OR: After this certificate has been signed by the and	ther death with the State Dept. of Health and Menter	8 is marked, or Item 23 shows any injury, or
ATTENDING PHYSICIAN; The law requires that the dear content within 2 wound after death. Page 6 may be retained by the hospital o	CTOR: After this certificate has been signed by the an uniformal and completely filled in by the funeral director, page 5 should be detached for	after death with the State Dept. of Health and Menta	n 28 is marked, or item 23 shows any injury, or ellimitation event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAND /	DEPAR ERTIF								90	2799	17
	1. DECEDENT'S NAME (First, Middle, Last) Harold Wayne S	llough		SKIII	ICATI	L OF	DLA		2. DATE OF	DEATH 6-90"		YEAR	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-68-3328	5. SEX 1 M 2 F	6. AGE (In yrs. las	st birthday) YRS.	MONTHS DAYS HOURS MIN			7. DATE OF BIRTH  (Month, Day, 1869)  3 = 14 = 50  Ma.			8. BIRTHPI Country) Mary	LACE (State or Foreign	1	
OR	9a. FACILITY NAME (If not institution, give at 726 Sunnyfield I							on of DE			sc. county of DEATH Anne Arundle			
DIRECTOR	RESIDENCE OF DECEDENT  100. STATE  100. STATE  Maryland  Anne Arundle				10c. CITY, TOWN OR LOCATION Brooklyn Park							10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL (	100. STREET AND NUMBER 726 Sunnyfield	Lane					212	E					AT COUNTRY?	
8≺	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year If yea, specify Cuban, Maxican, Puerto Ricen, atc.)  1 YES 2 NO Specify:						14. RACE - Black, Specify.	- American Indian, While, atc.				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	ECEDENT'S Blue kind of the Do NOT us Print	work done se retired.)			ng		rint:		Susine	288			
SOM	17. FATHER'S NAME (First, Middle, Last)				16. MOT	HER'S NAI	ME (First, Mid							
BE (	Joseph L. Slough	1						ıth	Brac					
2	19a. INFORMANT'S NAME (Type/Print)  Ruth Wagewer  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  838 Seneca Park Road Balto., Md. 21220											20		
	26a. METHOD OF DISPOSITION 1.3G Burlel 2 G Cremetion 3 Rem 4 Donation 5 G Other (Specify)	oval from State	20b. PLACE other p Gar	of dispo lece) dens					ту	Ba	alto.	, Md.		
	21. SIGNATURE OF SUMERAL SERVICE LIC	Teres	Afor	ne	LA	SSAF	in fu		L HOM	E Ba	alto.	lair , Md.		
	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardisc or respiratory erreet, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition For Lower For Lower Line)											reen		
NO	disease or condition resulting in death)  o. Keep butty For low  Due to (or as Agonseouence of):  Sequentially list conditions,  Due to (or as A conseouence of):  3 Weeks												6	
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events											1 yen		
ERTI	reaulting in death) LAST	d	10	my	lect	سه							>2 yans	)
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a, WAS A									PERFO	RMED?		WERE AUTOPSY FINDIN WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 FT NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	F-170 utpettent	2 🗆 DOA	OTHE	R:		_	eck only one)	0				
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF	INJURY	28b. TIR		28c. IN.	JURY AT ORK? YES 2		28d. DESC		INJURY OC	CURED		
8	3 Suicide 6 Could not be 4 Homicide detarmined	26a. PLACE ( building,	OF INJURY — At h. atc. (Specify)	oma, farm,	street, fed	ctory, offic	20			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of a											and manner as state	id.
TO BE	296. SIGNATURE AND TITLE OF DENTIFIE	Con Me	)					CENSE NUI					Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Typ	0, Print)	Sh.	cK	Trav	ma	T3R	52	22.	S. Gree Baltom	ne

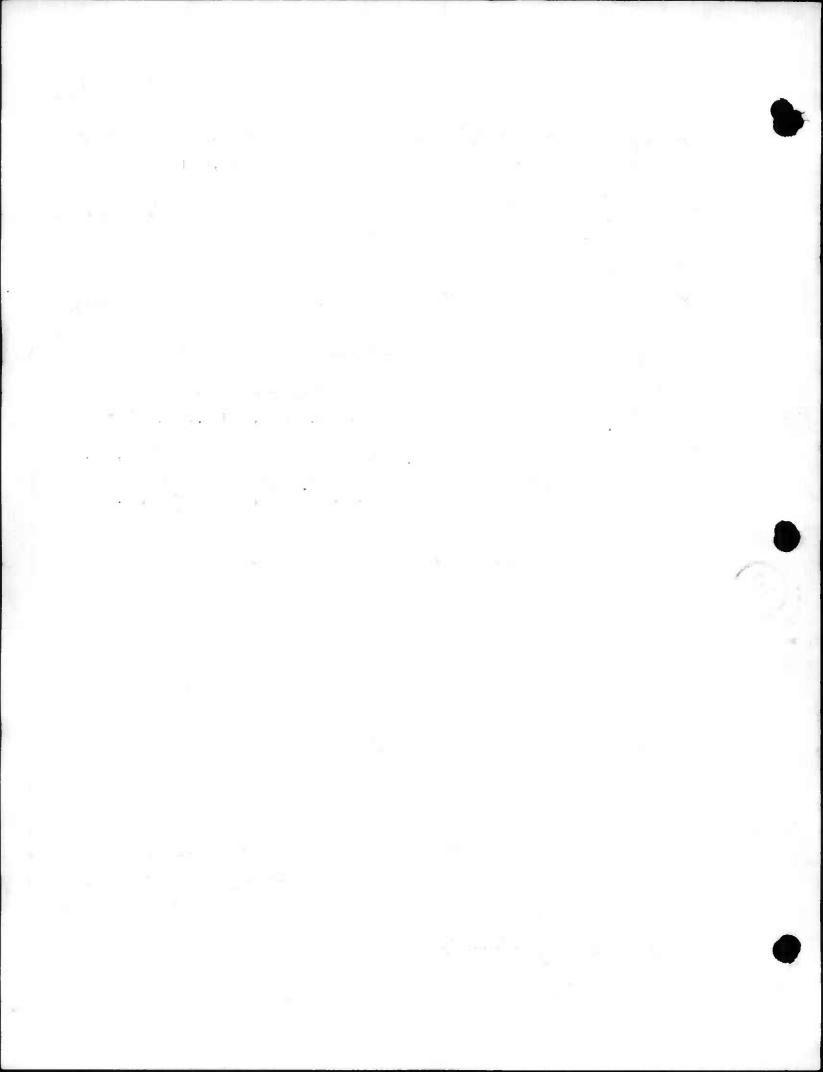
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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending the filed within 72 hours after death with the State Dept. of Health and Mental Hopman or IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other

iii, the medical examiner must be notified at once.

	MARY	ELMA S	SHEPPARD										0.0	with the second	
	1 - STATE REGISTRAR		STATE OF N	MARYLAND C	DEPAI					MENT	AL HYGIEI REG. NO			2799	8
	1. DECEDENT'S NAME (First,	Eln		heppm	Rd	,				MOI	10-10	DAY - 9	0	3. TIME OF DEATH	M
	4. SOCIAL SECURITY NUMB 219-18-093		5. SEX	8. AGE (In yrs. to	YRS.	IF UNDER	DAYS	HOURS	MIN.	May	onth, Day, Year)	901	Country)	yland	
OR	90. FACILITY NAME (If not in	teath	treet and number)	0	9b. CITY	r, TOWN C	R LOCAT	ON OF DE	EATH G			NTY OF DE	THERU		
DIRECTOR	RESIDENCE OF DEC		10c. Cr	u							10d. INSIDE CITY LIMITS?	_			
L D	Maryland 100. STREET AND NUMBER	Mont		Ga1	-	S bur				10g. CIT		1 X YES 2 NO	_		
FUNERAL	301 Russel	ll Aver							2087	7		1	USA		
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:					NO If yes, specify Cubsn, Mexican, Puerto Rican, etc.) Black, White,									
TED	(Specify on)	EDENT'S EDU y highest grade	completed)		ECEDENT'S Give kind of le. Do NOT of	work done	during mo	ON ast of work	ing	1	16b. KIND OF B	USINESS/INI	DUSTRY		
COMPLETED	Elementary/Secondary (0	+)	Parish Worker						Rel	igion					
CO	17. FATHER'S NAME (First, Middle, Lest)  Edwin Thomas Sheppard									,	st, Middle, Meide	,			
BE	19e. INFORMANT'S NAME (		eppara	1	9b. MAILIN	GADDRES	S (Street a				e Henry		p Code)		_
5	196. INFORMANT'S NAME (Type/Print)  Charles E. Morgan  196. MALING ADDRESS (Street and Number or Flural Route Morgan)  211 Russell Ave. #109 ,										Gaith	, Md	. 208	77	
	20a. METHOD OF DISPOSITION  1 Deurlei 2 Cremetion 3 Ramoval from State  4 Donation 5 Other (Specify) Mt. Olivet C										20c. L		imore		
	21. SIGNATURE OF FUNERA		CENSEE	7	rio.	22.	NAME A	ND ADDRI	ESS OF FA	CILITY		7 77		,	_
	Mu	il	N. /-	Jark	9	_	P. 0	ет н • ВО	. Ва X 50	38,	r Fune: Layto	ral Ho nsvil	ome le,Md	. 20882	
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in deeth)	eert feliure.	List only one car	use on each lin	10.									Approximate interval Betwee Onset and Deat	
7	disease or condition resulting in deeth)  e. Candina Consequence of:  Due to (on as a consequence of):  Sequentially list conditions.														
TIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING														
CERTIFICATION	CAUSE (Disease or Injuthst initiated events resulting in deeth) LAS	ury	c	OR AS A CONS	EOUENCE (	OF):									
CER			d											<u> </u>	
PHYSICIAN: MEDICAL	PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part									Part i.	PERFORMED? AVAILABLE PRI		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S	
Z. M														1 YES 2 NO	
ICIA	25. WAS CASE REFERRED T EXAMINER?	TO MEDICAL	HOSPITAL:			QTHE	R:		DEATH (C/						_
HYS	1 VES 2 NO		1 Inpatient 2	F INJURY	28b. TI	4 DKNu	28c. IN	JURY AT	Residence	7	ther (Specify) DESCRIBE HOV	/ INJURY O	CCURED		_
ВУ Р	Natural 5  2 Accident	Pending Investigation		Day, Year)		M M	1 🗆	YES 2	□ NO						
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At I I, etc. (Specify)	home, farm	, street, fa	ctory, offic	ce .			OCATION (Streetly or Town, Sta		er or Rural Ro	sute Number,	
COMPLETED	Crieck Orny	1-7 7- 1-7	ER: On the best of					- 110						and manner as stated.	
TO BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	50					29c. Li	O S	MBER S	ts.		10	(Month, Day, Year)	
	30. NAME AND ADDRESS O	OF PERSON WI	O COMPLETED CALL	USE OF DEATH (IT		218	د دو	5 (-5	المان	~ \$	on	Be	ten	deman	
	31. DATE FILED (Month, Dey,	1990	fulia Da	AR'S SIGNATURE	ndett.										



FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P. BOX 3146, BALTIMORE, MARYLAND 21203-3146	entrated within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attended to the attended to the attended to the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after beath with the State Dept. of Health and Mental High Commital, cremation, or removal.	MPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BOX	Ş	(Project	her trau
S, P.	death err	Aemtal Hyge	ury, or oth
CORDS	ires that the	signed by the	ws any inju
L RE	e law requ	has been Dept. of h	1 23 shor
- VITA	SICIAN: Th	certificate the State	, or iten
O NC	SING PHYS	After this death with	is marked
IVISIC	OR ATTENE	TO THE FUNERAL DIRECTOR: After this to the fied within 72 hours after death with	em 28 is
۵	IOSPITAL (	UNERAL E	MPORTANT: If Item 28
	O THE H	THE F	MPORT

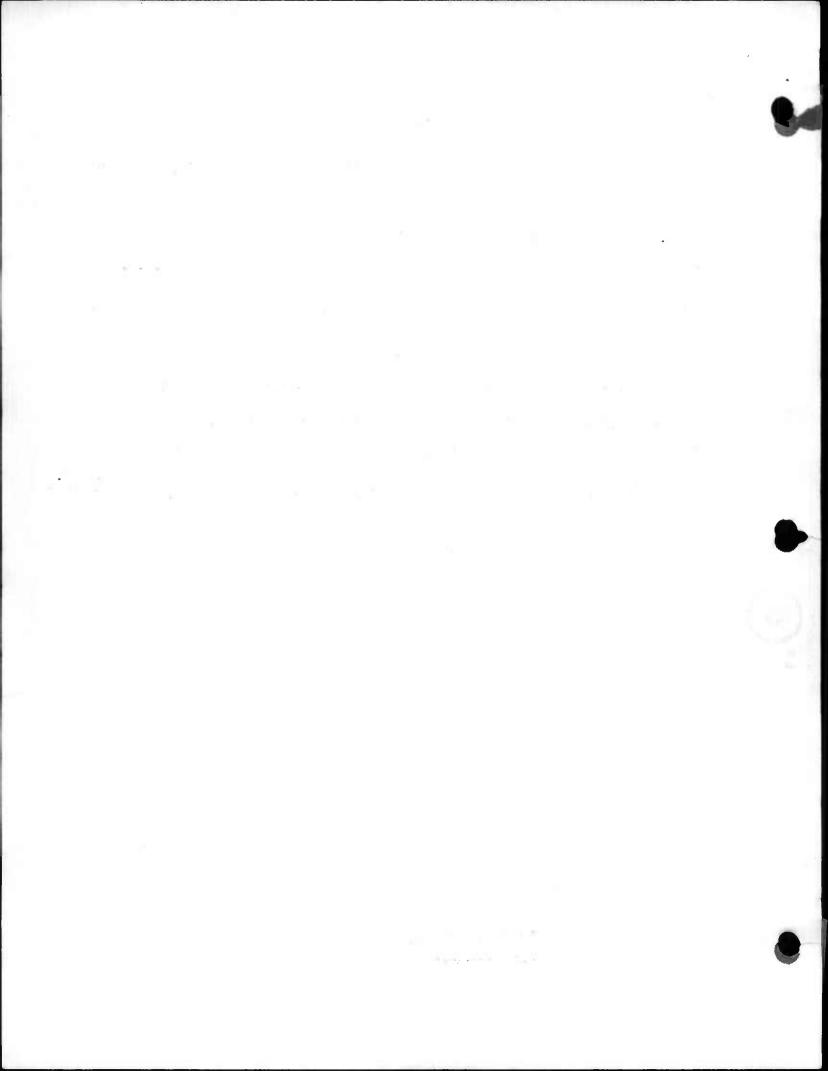
	1. DECEDENT'S NAME (First, Middle, Last) Theodore Nestor SAMIOGLUE THEODORE SAMIOGLOU  2. DATE OF DEATH DAY YEAR 6:02 P M												
	4. SOCIAL SECURITY NUMBER	ER	5. SEX XX M 2 TF	6. AGE (in	YRS.	IF UNDER 1 YE	HOURE		7. DATE OF E (Month, De Septem	ber 12,1	6. BIRTHPLACE (State or Foreign Country) 990 Baltimore		
TOR	99. FACILITY NAME (If not ins THE JOHNS H	OPKINS		L		BALTIMORE  Sc. COUNTY OF DEATH BALTIMORE CITY							
DIRECTOR	MD •	10b. COUNTY	imore			timor	е				10d. INSIDE CITY LIMITS? 1  YES 2 NO		
ERAL	100. STREET AND NUMBER 2400 Cub Hil	.1 Road	a				101. ZIP CODE 109. CITIZEN OF WHAT COUNT U.S.A.						
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 1  3 Widowed 4 Divor		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 X NO								
COMPLETED	15. DECE (Specify only Elementary/Secondary (0- N/A	6e. DECEDENT'S U (Give kind of wo life. Do NOT use N/A	retired.)	PATION g most of wo	rking	16b. KIN	IDUSTRY						
BE CON	17. FATHER'S NAME (First, Middle, Lest)  Nestor Christopher Samioglue  10. MOTHER'S NAME (First, Middle, Melden Surmarne) Patricia Ann (Samioglue) Harman												
٩	Nestor Chri		er Samio		2400 0	ub Hi	11 Ro	ad Ba	Abute Number (		land 21234		
	20e. METHOD OF DISPOSITION    Buriel 2   Cremetion   Donetion 5   Other	n 3 🗆 Reme	oval from State		PLACE OF DISPOSI Ty Trini	ity Ru	ssian	Orti		Elkride			
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ippel	, A							maryland 21206		
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.  LIVER FOURE PROPADE INTRAVENTURAL DELLA, 1 DEVES 2:0 NO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO												
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outne	Nert 3 DOA	OTHER:			heck only one)	inac/fu)			
ву рну	27. MANNER OF DEATH  1 Natural 5	Pending Investigation	200. DATE OF	INJURY	28b. TIME	OF 28 JRY	c. INJURY AT		_	IBE HOW INJURY O	CCURED		
요	3 Suicide 8	Could not be determined		etc. (Specif	At home, farm, at	treet, factory	office			ON (Street and Numb fown, State)	per or Rural Route Number,		
COMPLET	CONTROL ONLY		ICIAN: To the best of e								tated. the cause(s) end manner ee stated.		
TO BE (	OUT OF THE	lmurs	2140				29c. i	LICENSE N	JMBER	29d. Di	ATE SIGNED (Month, Day, Year)		
F	30. NAME AND ADDRESS OF 600 N WOLFE 31. DATE FILED (Month, Day,	RIE;	Jahns N	SE OF DEA	Hosp. I	Print)	Emu	gence	MED	reine fri	TIMORE MD		
	OCT 15	1990	guha Da	vidson	gandell.	O							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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27999

OHMH-16 Rev 1/89



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K	18	3
DIVISION OF VITAL RECORDS, P. P.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the deep	been signed by the attent
OF VITAL	PHYSICIAN: The la	this certificate has
DIVISION	AL DR ATTENDING	TO THE FUNERAL DIRECTOR: After this certificate has been signed by
	TO THE HOSPIT	TO THE FUNER

								9	0 58000
_		REGISTRAR	STATE OF MARYLAN		ITMENT OF H		REG. NO.	E	
	TO BE COMPLETED BY FUNERAL DIRECTOR	KOM INCHIM SCHOOL			chuler		2. DATE DF DEATH DAY YE		1000 A H
		11 -5 00 1	SEX 6. AGE (In yr	s. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIH.	7. DATE OF BIRTH		RTHPLACE (State or Foreign ountry)
		9a. FACILITY NAME (If not institution, give street and number) St. Agnes Hosp.			Balto. Md.		ATH 9c. COUNTY D		F DEATH
		RESIDENCE OF DECEDENT  10a, STATE 10b, CDUNTY		10c, CIT	Y, TOWN DR LOCAT	TION			10d. INSIDE CITY
		MO Ba	Hmorr	1	altin	OPR			1 LIMITS?
		100. STREET AND NUMBER	mtned 8	54.	101	2 12 2	>		OF WHAT COUNTRY?
		11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	P. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ND	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerlo Rican, atc.)		ACE — American Indian, Black, White, atc.
		15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondery (0-12)	npleted) College (1-4 or 5+)	(Give kind of Iffe. Do NOT u	USUAL DCCUPATIE work done during mo se retired.)	ist of working	18b. KIND DF BUS	SINESS/INDUSTF	YY .
once.		17. FATHER'S NAME (First, Middle, Last)	N/A	oarui	ng Hou	se Owne	ME (First, Middle, Maiden	Sumama)	
d at or		Samuel Alf	ord			Dora	Cooley		
notified at		198. INFORMANT'S NAME (Type/Print) Mr. Elton Alford  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 23 Bullard, Texas 75757							
must be		20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 1 Disposition   2 Cremetion 3 Ramoval from State   2 Cremetion 5 Other (Specify)   20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or   20c. LOCATION - City or Town, State   Crest Lawn Cem. Sykesville, Md.							
medical examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21229							
cal exa	_	G. Truman Schwab  3512 Frederick Ave. Balto. Md.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate							
		ahock, or haart fallure. List only one cause on each line.							
umatic event, the		resulting in death)  DUE TO FOR AS A CONSEDUENCE OF:  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIES  C HESTICITIE							
	Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Large Left Striperal and Parisital Rale Henand of 13 days  DUE TO FOR AS A CONSEDURACE OF:  DIETO TO PRASA CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DESCRIPTION PARA A CONSEDURACE DE							
Nam.	SATE	If any, leading to immediate cause. Enter UNDERLYING							
1	CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	Pesepheral C	AHEL		easi (	7		
mjury,	i I	PART II. Other algnificant conditions	contributing to death but	not resulting	/	1	DEGEO		24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
rs any In	MEDICAL	Modeset Asth	the Buch	tis;	Sliger .	Describe	1 TYES		COMPLETION OF CAUSE OF DEATH?
23 shows		Ho Origin Cigarette, Jest							
item 2	SICIA		109/PITAL:    Inpatient 2   ER/Outpatie	and 2 🗆 004	OTHER:	LACE OF DEATH (Ch			
s marked, or item 23 shows any In	PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	26b. TH	ME OF 26c. IN.	JURY AT ORK? YES 2 ND	8 Other (Specify)  28d, DESCRIBE HOW	INJURY OCCURE	D
28 i	ETED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE DF INJURY — building, atc. (Specify)	At home, farm,	street, factory, offic	en .	281. LOCATION (Street City or Town, Stelle,	and Number or R	ural Route Number,
	COMPLE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
be filed within 72 IMPORTANT: If	B	296. SIGNATURE AND TITLE OF CERTIFIER  290. LICENSE NUMBER  29d. DATE SIGNED (Morth, Day, Year)  10/13/90							
	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Grint)  3449 WINKEWS AVE Suite 207 BALTO, 40, 21229							
		31. DATE FILED (Month, Dey, "Ser)  OCT 1 5 1990	30 REGISTRAR'S SIGNAT	Mandell			. ,	Tolk .	
1	_		U	-	1.67				

